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The Eclectic Review

George W. Boskowitz, A. M., M. D., Editor

**Assisted by the faculty of the Eclectic Medical College
of the City of New York**

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THE ECLECTIC REVIEW

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NO. I.

Caution!

EHRlich's ARSENICAL COMPOUND, 606.

The necessity of both science and care in the utilizing of this arsenical compound, is shown in Ehrlich's recent circular, as follows:

Ehrlich has recently sent a circular letter to those to whom he has given "606," recommending the intravenous injection after the method fully described by Schreiber.* The method is as follows:

Into a graduate holding 250 c. c. drop 10-20 c. c. of sterilized water, add the required dose of "606" and mix thoroughly until there is a clear solution; add sterile water, or better, normal salt solution to the 100 c. c. mark; then add *pro* 0.1 of "606," 0.7 of normal sodium hydroxid solution and mix thoroughly until the precipitate is thoroughly redissolved. If after thorough mixture the solution is not clear add a few drops of the sodium hydroxid solution to produce this and then add sufficient normal salt solution to make 200-250 c. c. The fluids used are all to be warm. The alkaline mixture is then ready for injection. The Cassell syringe and apparatus (or the Weintraub) supplied for this purpose are preferable, for by their use the dangers of introducing air are reduced, if the operator continues cautious and follows the directions given in the original paper of Schreiber.

It must be understood that all of the chemicals used in the preparation of the injection are to be kept thoroughly sterile.

To the above, Dr. Henry L. Elsner, Professor of Medicine, Syracuse University, who has made many experiments with this compound, under favorable circumstances, adds as follows:

"I must repeat the warning of Ehrlich; unless the method of preparation of the remedy is to be materially simplified in the future, no one should undertake its introduction into the body

*München. med. Wehnschr., 1910, No. 39.

without first seeing the experienced mix and use it. I have seen Wechselmann's assistant work almost an hour before his mixture was neutral; Citron averaged between fifteen and twenty minutes in reaching that point. We succeeded in neutralizing the mixture in twenty minutes at our clinic when using the glacial acetic acid."

In addition to the foregoing, Professor Elsner emphasizes the necessity of exceeding caution and great care, as follows:

"At no time should we forget that we are dealing with a poison; and I must again insist on emphasizing with all my force the very important fact that no patient is to be injected unless he continues to remain under the observation of the physician at least seven to fourteen days, preferably the latter time, and that no physician has a moral right to use the remedy unless he has acquainted himself thoroughly with the method of its mixture for injection."

Timely is the above caution which we have taken from the Journal of the American Medical Association.

It is just about two months since the New York Times heralded this wonderful 606. Now comes the caution. In two months more we may have the report of many serious consequences and complications following its application, and finally its abandonment; possibly through the influence and exposure of the results by lay journals—for history often repeats itself—and the German manufacturer continues to thrive and grow rich on the credulity of a profession that humbly bows to authority.

Hints and Winnowings.

In an article written by Dr. Joseph Goldberger, and published in Public Health and Marine Hospital Service Report No. 23, it is stated that investigations carried on within the last year have demonstrated the occurrence within the United States of a peculiar itching eruptive disease which has been proven to be due to the attack of a small straw and grain infecting mite. It is known as "straw itch," and has been named *Dermatitis Schambergi*. When the mite becomes very abundant, says Dr. Goldberger, it will attack not only the laborer in the field, but also those who handle the straw and grain in the barn. Owing to the many uses to which straw is put, the distribution of the mite and the dermatitis it may cause, are of considerable importance to the general practitioner of medicine.

Within twelve to sixteen hours after the mites attach themselves to the skin the itching begins. In cases where the cause is not recognized, as well as when the exposure is continued night

after night by sleeping on an infected straw mattress, the itching may become almost intolerable. The eruption appears simultaneously within the itching, and consists of wheals surmounted by a vesicle. The vesicle is usually about the size of a pinhead, but it may become as large as a pea and in a few hours be converted into a pustule. Instead of wheals there may be an urticarial eruption of an irregularly circular or oval outline as large as an ordinary finger nail and of a rose color. The attack may be marked by chilliness and nausea, and followed by a slight elevation of temperature. In some cases albumin has appeared in the urine.

As soon as the mite is brushed off the skin or crushed the eruption and itching rapidly disappear without treatment, but of course contact with the infected straw or grain must be discontinued. As the mite cannot live more than a day without food, airing the clothing for a couple of days will be sufficient to free them from the danger of reinfecting the patient.

The layman who has attempted to decide upon the needs of a profession concerning which he evidently is very ignorant has only succeeded in leading a great Foundation into a position which is far from commendable. He does not seem to be able to comprehend anything outside of commercial methods and figures, but, notwithstanding his opinion to the contrary, there is a field of decided usefulness for the small medical college whose equipment is adequate to the purpose of giving students a practical knowledge of modern medicine. The small college, as well as the large one, must ever stand upon its individual merits. It should invite criticism founded upon the observation of competent and fair-minded physicians who will honestly judge its work as evidenced by the efficiency of its graduates. If its graduates show a clear knowledge of facts and principles, are skilful in the application of such facts and principles, and possess a thorough knowledge of all branches of modern medicine, such college has ample reason for continued existence, and is well deserving of support and freedom from the abuse of egotistical laymen.

Now it seems that certain phases of the activities of the New York Health Department are to be investigated, and judging from the reports of agents employed by Mr. Fosdick, it is quite evident that the investigation should be made a very thorough one. One of the more important charges brought against the department is that its vaccine squad of medical inspectors has turned in thousands of names copied from tombstones, business signs, the city directory **and** door plates as the names of persons who have been vaccinated. **Another** is that the "sick babies" reports made by medical inspectors last summer were in many cases fraudulent and like those of the

vaccine squad were for the purpose of showing that the inspectors were doing much more work than they actually did.

The investigators say many inspectors who were found to be guilty were fined two days' pay each and retained by the Health Department. That physicians received \$100 a month from the city for work they never did is another accusation.

One of those saintly druggists who have been so vehemently expressing their fears that some naughty dispensing doctor might poison his patients, or at least let them die without having received some good drug-store medicine, has just entered the plea of guilty of selling ground olive stones for belladonna root. In deciding the case the judge handed down a memorandum in which he said in part:

"Defendant's statement does not deny an adulteration of belladonna root by powdered olive stones. The only explanation given is that the adulterant may have gotten into the finished product by the packing thereof in containers which at some previous time had contained olive stone meal. It seems to me that this is far-fetched."

It is estimated by Surgeon-General Wyman that the record for 1910 will show upward of 3,000 cases of infantile paralysis in the United States. During the past year it has occurred epidemically over an ever widening territory. Dr. W. H. Frost, of the Marine Hospital Service, after a long series of investigations, is unable to assign any positive cause for the peculiar disease. It is thought by some investigators that the disease will break out with virulence next year.

It has been stated by a number of physicians of a considerable experience that this not very well understood disease is best managed by careful quarantine and the administration of formin for its specific action on the cerebro-spinal fluid, the dose to be regulated according to the age of the patient. Of course the use of formin does not exclude the employment of such other remedies as may be indicated by the symptoms.

In the announcement of a certain old school college a list of more than 200 matriculants is given, and reference is made to numerous text-books on gynecology, surgery, practice of medicine (including Osler), diseases of children, dermatology, diseases of the eye, diseases of the ear, diseases of the nervous system, obstetrics and diseases of the nose and throat, but no mention is made of materia medica. Possibly the faculty, being unfamiliar with the subject, has decided to ignore the study entirely. It surely does seem as if the Eclectics ought to establish a night school for the instruction of some of the old school teachers.

That the fellows who do a "big business" in food for human

beings constitute an interesting biological study was recently well demonstrated by a bacteriologist of the Department of Agriculture when he discovered 8,400,000 organisms in one teaspoonful of frozen egg taken from a can of eggs sold by a firm doing a yearly business of \$2,000,000, a large part of which coming from the sale of frozen eggs.

French statisticians, on careful investigation, have found that forty per cent. of physicians die from heart diseases, twenty per cent. from nervous afflictions, twenty per cent. from drug addiction, and seven per cent. from tuberculosis.

J. W. F.

Medical Authority in America.

In his description of persecution of himself by authority, Samuel Thomson says: "I shall give the particulars of one of the most important circumstances of my life in as correct and impartial a manner as I am capable of doing from memory, in order to show what I have suffered from the persecutions of some of the medical faculty, for no other reason, as I conceive, than that they feared my practice would open the eyes of the people and lessen their importance with them, by giving such information as would enable them to cure themselves of disease without the aid of a doctor; and from many others who were governed altogether by the prejudices they had formed against me by the false reports that had been circulated about my practice, without having any other knowledge of me.

"After practicing in those parts (the various localities mentioned in his life history), through the season of 1809, I went home to Surry, where I remained a few weeks, and returned back to Salisbury. On my way there I made several stops in different places where I had before practiced, to see my friends and to give information to those who made use of my medicine and practice. On my arrival at Salisbury, my friends informed me that Dr. French had been very busily employed in my absence, and that he and a Deacon Pecker, who was one of the grand jury, had been to Salem, to the court, and on their return had said that there had been a bill of indictment found against me for wilful murder. They advised me to go off and keep out of the way; but I told them I should never do that; for if they had found a bill against me the government must prove the charges or I must be honorably acquitted. About ten o'clock at night Dr. French came to the place where I stopped, with a constable and made me a prisoner. I asked the constable to read the warrant, which he did. By this I found that Dr. French was the only complainant, and the justice who granted the warrant, ordered me before him to be examined the next morning. I was taken to Dr. French's house and keepers were placed over me to prevent me from escaping. While at his house, and a prisoner,

Dr. French took the opportunity to abuse and insult me in the most shameful manner that can be conceived of, without any provocation on my part. He continued his abuse to me till between two and three o'clock, when he took his horse and set out for Salem to get the indictment. After he was gone, I found on inquiry, that after he had been before the grand jury and caused me to be indicted, he came home before the bill was made out and, finding that I was at Salisbury, fearing that I might be gone and he should miss the chance of gratifying his malicious revenge against me, he went to a brother doctor, who was a justice of the peace, before whom he made oath that he had probable cause to suspect, and did suspect, that I had, with malice aforethought, murdered sundry persons in the course of the year past, whose names were unknown to the complainant; upon which a warrant was issued against me, and I was arrested as before stated, in order to detain and keep me in custody till the indictment could be obtained.

"Just before night, Dr. French arrived with a sheriff, and ordered me to be delivered up by the constable to the sheriff; and after Dr. French had again vented his spleen upon me by the most savage abuse that language could express, saying that I was a murderer, and that I had murdered fifty, and he could prove it; that I should be either hanged or sent to the State prison for life, and he would do all in his power to have me convicted, I was then put in irons by the sheriff, and conveyed to the jail in Newburyport, and confined in a dungeon with a man who had been convicted of an assault on a girl six years of age and sentenced to solitary confinement for one year. I was not allowed a chair or table, and nothing but a miserable straw bunk on the floor, with one poor blanket which had never been washed. I was put into this prison on the tenth day of November, 1809; the weather was very cold and no fire, and not even the light of the sun, or a candle; and to complete the whole, the filth ran from the upper room into our cell, and was so offensive that I was almost stifled with the smell. I tried to rest myself as well as I could but got no sleep that night, for I felt something crawling over me, which caused an itching, and not knowing what the cause was, inquired of my fellow-sufferer; he said that it was lice, and that there was enough of them to shingle a meeting-house.

"In the morning there was just light enough shown through the iron grates, to show the horror of my situation. My spirit and the justness of my cause prevented me from making any lamentation, and I bore my suffering without complaint. At breakfast-time I was called on through the grates to take our miserable breakfast. It consisted of an old tin pot of musty coffee without sweetening or milk, and was so bad as to be unwholesome; with a tin pan con-

taining a hard piece of Indian bread, and the nape of a fish, which was so hard I could not eat it. This had to serve us till three o'clock in the afternoon; when we had about an equal fare, which was all we had till the next morning.

"In a few days after my confinement, Judge Rice came to see me, and brought with him a lawyer. They advised me to petition to the Judge of the Supreme Court to hold a special court to try my case; as there would be no court held by law, at which it could be tried till the next fall, and as there would be no bail for an indictment for murder, I should have to lay in prison nearly a year, whether there was anything against me or not. This was the policy of my enemies, thinking that they could keep me in prison a year, and in all probability I should not live that time; and their ends would be fully answered.

"I sent a petition agreeable to the advice of my friends. At length Judge Parsons agreed to hold a special court at Salem on the tenth day of December, to try the cause, which was one month from the day I was committed.

"During this time the weather was very cold, and I suffered greatly from that cause, and likewise from the badness of the air in our miserable cell, so that I had not much life or ambition. On Thanksgiving day we were taken out of our cell and put in a room in the upper story with other prisoners, and took supper together; they consisted of murderers, robbers, thieves and poor debtors.

"In the morning of the day that was appointed for me to be removed to Salem for trial, I was taken out of my loathsome cell by the jailor, who gave me water to wash myself with, and I was permitted to take my breakfast by a fire, which was the first time I had seen any for thirty days, and could not bear to sit near it in consequence of its causing me to feel faint. As soon as I had eaten my breakfast, the iron shackles were brought and put on my hands, which I was obliged to wear till I got to Salem. The weather was very cold and the going bad. We stopped but once on the way, the distance being about twenty-six miles. On our arrival, I was delivered over to the keeper of the prison in Salem. I was soon informed that Judge Parsons was sick, and had put off my trial for ten days; so I had to reconcile myself to the idea of being confined ten days more without fire.

"On the twentieth day of December, 1809, the Supreme Court convened to hear my trial, at which Judge Parsons presided, with Judges Sewall and Parker assistant judges. After I was placed in the criminal seat, I was directed by the Court to plead to the indictment, 'guilty or not guilty;' I plead not guilty.

"The evidence was offered on the part of the prosecution; the jury instructed and in five minutes rendered a verdict of 'Not Guilty.' "

In concluding the history of the persecution directed against him by Dr. French, Samuel Thomson says: "I am confident that I should not have lived through the winter in prison, and believe that this was their plan; for which reason they managed to have me indicted for murder; knowing in that case there could be no bail taken, and there would be no court at which I could be tried, for nearly a year, I should have to lay in prison during that time, and that I should probably die there."—(Bulletin Noll of the Lloyd Library, Life and Medical Discoveries of Samuel Thomson.)

Stephens.

Education of the Senses.

The student who desires to make the practice of medicine his life-work should include the cultivation of the senses among his most important and most constant studies. While all of the senses are essential to his success, special attention should be given to the education of the senses of hearing and touch, for unless these senses are well developed he can never become a competent diagnostician. The senses should be so educated that they will not only do rapid and accurate work, but also act in harmonious association. A cultivated sense of sight alone will frequently enable the physician of fair experience to correctly determine the diagnosis in many diseases of the nervous system. An unusual appearance of the face, as well as many peculiarities of expression, often tell to the highly cultivated sense of sight a story which makes clear an otherwise obscure disease. The uneducated sense of sight sees, but it does not distinguish the objects it is capable of being trained to observe.

The foundation of a medical education must be acquired from college work and books, but the student who expects to succeed in the practice of medicine must supplement this essential knowledge by a thorough cultivation of the senses, and the brain must also be so educated that it will quickly receive the facts discovered by the educated senses and make correct deductions.

In addition to the instructions in anatomy and physiology received in college and from books, the physician must *know for himself* the human body, and this absolutely necessary knowledge can be acquired only by continuous exercise of the senses upon the human body. He must also *know disease for himself*, and such knowledge must be obtained by the exercise of the senses upon diseased bodies.

The senses, then, being the means by which we obtain knowledge essential to success in life, it at once becomes apparent that their development and power will ever illustrate the extent of the physician's ability and attainments.

J. W. F.

Why?

Why do our opponents in practice fight us (under cover) on every hand? Is it because they cannot compete with us at the bedside, or are we all quacks, and unworthy to be allowed to live in civilization?

Why is it that the Johns Hopkins Medical College has no chair of *Materia Medica*, or teacher of drug action in their institution? Is it possible that a man can combat disease with drugs, without knowing what drugs will accomplish when introduced into the human system, or was such a knowledge born in this allopathic breed, and consequently no teaching necessary?

Why do these fellows ask for governmental legislation to protect them from the Eclectic and homoeopathic? Would they need such laws if their methods were superior?

Why do the records show forty to fifty per cent. of deaths from pneumonia under regular treatment, while the Eclectic treatment falls below five per cent.? Which presents the greater claim to a scientific treatment?

Why do the allopaths assert that the serum treatment for lock-jaw is a success, and at the same time acknowledge a death rate of ninety-eight per cent.?

Why would a banker select for his chief accountant one who had spent long years in the study of arithmetic and mathematics, while a man who is to take a life in his hands in battle with disease, by drug action, is turned out of these regular colleges without a knowledge of drug action?

Why is the practice of Christian Science gaining so many followers? Is it because the people have become dissatisfied with regular drug manipulation, or are all of these people fools and lunatics?

Why will men born and reared under the American flag, boast and uphold with pride everything American, and still cling to the old system of European medicine, and slander and decry the Eclectic practice which is purely American? Is it because of a true understanding of the latter, or is it possible that all Eclectics are knaves and dishonest pretenders?

Why will a man undertake the cure of a disease with drugs, without knowing what drugs will do? Is it because of a hypertrophy of his gall, or is it blissful ignorance that a mistake in the law does not call murder?

Why, when all men are born equal, should such things as a Flexnor, assume the roll of authority, and proceed to brand our brightest thinkers as unworthy of public confidence, slander our colleges, and vilify the men whose names adorn the diplomas or

thousands of the most successful physicians that the world has ever known?

Why are the doors of medical colleges closed to the young men of ambition and push, that have come from the farms and workshops—timber that has made the brightest physicians in America today, and opened only to the sons of wealth and aristocracy, whose push and vim in the majority of instances constitute a minus quantity? Is it to be a medical trust of the aristocratic political doctor, behind which stand the bayonets of the United States soldiers?

Why?

E. R. Waterhouse, M. D.

Oscar A. Perine, M. D.

On Friday evening, December 23rd, Dr. Oscar A. Perine died at his home after an acute illness of ten days, leaving a widow and five children.

Doctor Perine was born May 17, 1865; graduated from the Eclectic Medical College in 1888, since which time he has been in successful practice in the City of Brooklyn.

Doctor Perine was always an active, energetic and enthusiastic Eclectic; he was a member of the local, State and National Eclectic medical associations, and at the time of his death was President of the Kings County Hospital and Dispensary associations.

He had a most genial personality and will be missed by a large circle of friends and patients.

Original Articles

The Science of Life.

BY G. C. YOUNG, M.D.

The physician is supposed to be a man of culture and learning and ready at all times to give a logical reason for his choice of the medical profession, and whatever may be said in our critical reviews of the resources of medical art, and the consequent demonstration of the superiority of progressive medicine, at which every impartial mind must, of necessity, arrive, the great fact remains that it is scarcely less our duty to study man himself, in all his leading aspects—spiritual, mental, and physical.

Nothing seems easier, at first sight, for example, than to distinguish a plant from an animal, yet, as our science of nature has advanced, the difficulty of *truly* defining them has rapidly augmented and seems to be well-nigh insuperable. When visiting the sea shore, as a wholesome relaxation from prescribing for the sick, the scientific physician, always a philosophical naturalist, must not

unfrequently have enjoyed a smile in his sleeve on hearing a fashionable argument by "girls of the period," and sometimes by men, on the merits or demerits of their botanical "discoveries." Whether called ladies or gentlemen taking a part in the discussion, the statement is unhappily true that of two kinds of sea-weed commonly discussed in these circumstances—the one of a light drab, the other of a dark brown color—each is readily defined, and only definable as sea-weed: and it is nothing more. It happens, however, that the one is indeed a sea-weed, but that the other is not a vegetable at all; it is a colony of living animals, combining mental and physical forces, manifold exquisite structures, of extraordinary complexity and most singular beauty. Every specimen of organic life, be it called man, animal or plant, must be fairly represented from, at least, two different points of view, from one, the mind of the beholder is directed towards structure; from the other, towards function, pass the whole seaside creation in human review, and as the scientific eye runs over the countless shapes of creeping, swimming, flying things, all definite features of constitution mingle, shift, and fade, until at last the philosopher reaches beings, marvellous creatures, whose molecular form is scarcely a broken sphere—of a truth, they have no fixed shape, analogies, types, groups, classes, or kingdoms. Leaving the ideal archetypes of purely animal mould, we find that the issue of our vegetable exploration is precisely the same. Leaves, flowers, roots, special organs which are associated in the public mind with botanical life, as it were, are not even so distinctive, scientifically, of plants as are mouths and stomachs of animals. Withal, the science of life shows us that the natural is undoubtedly a wonderful masterpiece of molecular mechanism, of rarest intricacy and Divine finish. Wheels of incomparable adjustment within other wheels, likewise, as complicated accessories. Yes, and built up from day to day by the agency of similar homogeneous living matter, soft jelly-like protoplasm, flowing on and ever in a given direction in physical obedience to some vital bidding; yet, again, by virtue of some veriest contingency, *the right thing is in the wrong place*, the whole phenomenal organization is clashing with error and confusion, working out, it may be, its own utter destruction, and with an exalted temperature, or burning eruptive fever of man's own insensate production, but for positive organic remedies, it rushes on with impetuous velocity to inevitable dissolution. In this respect, therefore, the vitalized structures of our common humanity differ not from those of the ephemeral insect, the sprig of mignonette, the gigantic oak, or the invisible molecule; where *we* are, notwithstanding, death is not, and where *death* is, we are not; even the putrefaction of dead matter

consists only in the nitrogen of the albuminous proximate principles, leaving its alliances, and combining with hydrogen uniting to form *carburetted* hydrogen, and sulphur and hydrogen to form *sulphuretted* hydrogen. A portion of the sulphur and phosphorus becomes, if not previously oxidated, sulphuric and phosphoric acid, and forms "salts" with lime, potash, etc., meanwhile, the *water*, that constitutes so large a bulk even of the human race, itself trickles away, and, as we all sprang molecularly from the circulation of matter that has never before been vitalized, in like manner must each animal frame return to the world of putrefaction; and none shall escape the fullest realization of those terrible words—"ashes to ashes, dust to dust." It matters not who—emperor, philosopher or merchant.

Referring to starch, that most necessary constituent in life was formerly thought to be quite a, and only a vegetable product, but we now know that animals not only bear starch in organic tissue, but manufacture it *anew* in the several laboratories of their own cells—and what is more, they construct this organic compound out of *something* else; each atom of starch consists of twelve atoms of carbon, ten of oxygen and ten of hydrogen, yet it is most abundantly laid up as a store of nutriment for the young embryo, and accordingly becomes the basis of that nourishing fluid which circulates through the plant in sap, seed or tuber, formed by the power of vitality, and by it alone. An undeniably animal creature, moreover—the hydra, or fresh water polyp—is laden with that useful vegetable substance chlorophyll. With chlorophyll, too, of its own manufacture, not derived from vegetable *food*, and the same fact may be stated of other beings, scientifically recognized as indisputable animals. In short, there are plants without flowers or leaves, as there are mental phenomena without brains, love without hearts, and respiration without lungs.

Vegetables enlarge their structure by the regular appropriation of matter from without, not yielding up any portion of their constituent elements; on the contrary, man himself is casting off incessantly every molecule that enters into the constitution of his heart and intellect; in other words, *he is always dying*, becoming poisonous to his own nature, and saved only, in his physical basis of life, by the systematic *excretion* of poison from his own body. This is not all, the food of vegetables is derived from matter subject to inorganic chemistry, while the digestive organs of the genus *homo* are impotent to appropriate all such, and imperatively require aliment to be first passed through *vegetable* organization, and by that vegetable's vital powers to be so genially combined as to form gluten, oil, and other proximate principles, the accurate composition

of which each scientist duly knows, but although he knows he cannot synthetically *construct* them, no, not even a leaf for a tree, or a liver for himself.

So much for molecular structure, but what about function? "All flesh is not the same flesh, but there is one kind of flesh of men, another flesh of beasts, another of fishes and another of birds."—St. Paul. The distinctive character of man, however much allied to animals and vegetables, some of whose organic correspondences have been glanced at, consists, as a *starting point*, in the spiritual faculty of subordinating this mental and physical organism to his exclusive position, not only as it regards the history of the earth and animated nature, but in respect to his *ascent* as a child of God; not his *descent* from anthropoid apes, and his molecular association with the materiality of this planet. This is the keynote alike of the true science of life and the harmonies of physical phenomena in relation to the higher faculties of the human soul.

To recapitulate, the elementary substances met with in plants, called carbon, oxygen, hydrogen, and nitrogen, are their most essential components; the fact is, every terrestrial being, whether man, animal or vegetable, is a molecular *assemblage* of these chemical elements, derived as physical forces from the soil and the atmosphere. The leaf of a tree for example, takes in carbonic acid from the atmospheric air, and gives out oxygen as its cosmic quotient. As for the stomach of that singular and omnivorous creature at the head of the kingdom of animals, it literally takes in almost every form of life, health and disease, in the heaven above, the earth itself, and the waters under the earth, and converts them all into ruptive fevers, and other pestilences by means of aggregation, mastication, deglutition, chymification, chylication, separation, absorption and excretion. No anthropoid ape equals man in consummate destruction, and ultimate *perversion* of the natural equilibrium of vital force.

The truth respecting zymotic diseases cannot be too widely known to all mankind; medical eclecticism deserves the blessings of the human race, not only for healing the sick more promptly, but of very largely preventing sickness of long duration, thereby saving time and suffering by scientifically fulfilling therapeutical indications. In this pure catholic sentiment lies the true secret of successfully combating disease.

Molecular motions, to which we have referred, vary greatly in regard to intensity and also in respect to the channel through which each morbid agent operates—when one molecule, set in motion by any power, imparts its own energy to another molecule in contact. I have always claimed that small-pox, cow-pox, chicken-pox, like **cholera**, typhus, typhoid and enteric fever are not a multiplicity of poisons in or out of the constitution of man, when tested by the

true touchstone of true science, but that on the contrary, they have many points in common; in other words, organic matter, in a condition of catalysis, is the *real* cause of epidemic diseases, by setting up molecular motion in the most morbid direction as that from which it was derived; and, finally, the mere nosological *name* is often due to the egregiously noxious influences, the unfavorable hygienic conditions under which its originators subsist. The science of life impresses forcibly with the fact that there is no royal road from disease to health, and until mankind consent to lead a "righteous, sober and godly life," and obey the laws of nature which form the laws of God, written in deathless tablets underneath our feet and above our heads, so long will epidemic diseases continue to convert the inhabitants of earth into water, carbonic acid, and ammonia.

The science of life consists in eating, drinking, clothing our bodies and deporting all our movements according to nature, and her laws.

Washington, N. J.

Some Points in the Diagnosis and Treatment of Certain Nervous Affections.

BY L. H. WARNER, A. M., M. D.

Read before the New York State Eclectic Medical Society, May 18, 1910.

Selecting from my files the history of cases which appeared to me of special interest to the general practitioner as well as the specialist, I had in mind the old adage, the errors of omission are as reprehensible as those of commission, and I have no doubt we all have gone through the painful process of having made mistakes, especially so in cases of nervous affections. In years gone by specialists alone were expected to acquire the exact knowledge of the anatomical relations of the central nervous system, but today, owing to the advance in the study of physiology and pathology of the brain and spinal cord, the clinician is more apt to localize to a degree of exactness, the manifold affections of the central nervous system. Of late, surgery had its realm enlarged in searching for deep abscesses within the brain, or locating tumors of the brain or spinal cord by methods of diagnosis, which become more certain as time flies on.

A thorough knowledge of all parts of the central nervous system, their blood supply, their position in the skull and vertebral column is of prime importance. The importance of the method of lumbar puncture and its modifications has been frequently proven, but can only be practically utilized by those who fully understand the position of the spinal cord and its membranes with the canal of

the vertebral column. A retrospective glance over the nineteenth century furnishes exceptional opportunity of the advances made in the knowledge of the structure of the brain, the interpretation of its physiological action and in the application of the principles of modern pathogenesis to a solution of its manifold diseases.

What clinical picture are we more or less familiar with than the ordinarily so-called cases of locomotor ataxia, describing in its meaning the commonest variety of *tabes dorsalis*. We observe in these cases, ataxy, absent knee jerks, lancinating pains, Argyll Robertson pupils, Romberg's sign, girdle sensation, localized circumscribed hyperesthesia, analgesia, retarded pain conduction, bladder and sexual weakness, various paralyses of the ocular muscles, gastric crises, etc. Locomotor ataxia is in a certain way descriptive of the commonest variety of *tabes dorsalis* and there is a tendency to use it as synonymous with the latter term, but such a use of it is apt to be very misleading. We would not likely think of *tabes dorsalis* if we were to see a patient subject to severe vomiting only controllable by morphine, while we would bear in mind that gastric or abdominal disorders are most likely to be part symptoms of *tabes dorsalis*. These attacks are paroxysmal and are part of the gastric crises is cases of *tabes*. In point of frequency and importance *tabes* is unequaled by any other chronic disease of the spinal cord. Using the words of Prof. W. Erbe of Heidelberg: "*Tabes* is the most widely distributed, the most thoroughly studied, the richest in symptoms, and in the number of scientific problems it presents, chronic disease of the spinal cord."

I have cited some of the many clinical symptoms and mention gray degeneration of the spinal posterior columns and roots, as well as other invariable or accidental lesions as the anatomical history. The study of the etiology of *tabes* leads us to believe that the greater majority of tabetics have a syphilitic history and may be considered as parasyphilitics. The most important diagnosis factor today consists of lumbar puncture and cystodiagnosis of the lumbar fluid, enlarged upon by the Wasserman or Porges reactions. The prognosis of the disease is not looked upon as gravely as it was during Romberg's time, who held to a hopeless view. *Tabes* is a disease of adult and middle life rarely observed in the aged or children. It predominately affects the male sex. It is more frequent in men of the higher station of life and women of the lower class, and more common in large cities than in rural districts, more in civilized countries than uncivilized countries, thus giving evidence that social position is of considerable importance in the etiology. Erb gives statistics that of 1100 cases of *tabes* among the better classes, 89.45% had been previously affected by venereal diseases; the remaining 10.55% who derived infection had repeated attacks of gonorrhea, buboes,

questionable ulcers, etc. These statistics were compiled previous to the advent of Wasserman or Porges' reactions, and these statistics would likely be altered to fully 100% if these reactions were employed to determine the etiological factor in all cases of tabes. It is the opinion of experienced syphilographers who are familiar with syphilis occulta and syphilis ignorée that it is wise to recognize syphilis in 100% of these cases. The precedence of syphilitic infection to tabes is tabulated at from 5 to 20 years, and but rarely after that. Erb states that these deductions lead to the opinion that in the overwhelming majority of cases, tabes is the direct sequel of syphilis, is a post syphilitic or a positively syphilogenous disease; also that it may represent a late form of syphilis of the nervous system, and this latter opinion is shared by most authors.

The appearance in man and wife of tabes is almost decisive, not seldom being affected by tabes one after the other and in a similar manner tabes may be combined with paresis. This significance is increased when tabes or paralysis juvenalis or cerebral syphilis is found in children of tabetic parents. Pathological anatomist will tell you that in 90% of all cases of tabes the alterations in the tissues are syphilitic or of syphilogenous origin. As one of the first symptoms of syphilitic origin we observe paralysis of the muscles of the eye with spinal myosis with reflex rigidity of the pupil (Argyll Robinson).

With these few words of introduction I will recite to you the history of two interesting cases, one of tabes dorsalis and one of epilepsy. On the latter subject I will speak later.

The illustrated charts which I submitted for your inspection will show you that on December 22, 1908, I was called in consultation to see Mr. A. A. B., age 62, married, children both young and apparently healthy. The family is well-to-do and moves in the better class of society. Patient was first taken sick in the fall of 1898, when a prominent Chicago physician stated he was in doubt as to the true cause of a chancroid, no secondary symptoms appearing. In the fall of 1902 he took a severe cold and his first neurotic symptoms appeared, pain in arms and legs. January, 1903, came the first gastric crises and was confined to house three months. Dr. E., of Chicago, claimed he could not find a trace of specific pain though he might live a year or two. Gastric crises occurred July, 1903, and January, 1904, and after that once in two or three years; the last severe one last July. Stomach much improved during last year. On my first visit I found patient in bed and afflicted with one of the gastric and bladder crises, for which morphine had been administered. Specific treatment had not been resorted to on account of the emaciated cachetic and dyspeptic condition of the patient, and mild hydro-therapy, electric and tonic treatments had been given.

The first examination of the blood revealed 65% haemoglobin, 3,700,000 red cells, 6,100 white cells, a typical picture found in syphilitic chlorosis. Of greater importance though is the finding of 2% crenated amoeboid cells with positive Wasserman reaction, reinforced by 66% neutrophiles. With this the etiological factor was positively determined and its correctness is admitted by patient. The treatment for this condition varies according to the individual experience of the physician in charge. Being requested to take charge of the patient I decided on the French serum treatment by means of the Fraiser serum *neurasténique spécifique*, in addition to which I ordered *Essentia Spermin* (Poehl), 25 drops 3 times a day, $\frac{1}{2}$ hour before meals in carbonated water at the same time giving daily subcutaneous injections of *Spermin* (Poehl) one tube daily, for 12 days. On the 17th day the Fraiser serum was used for the first time. You will see by my charts that within three days after *Spermin* was used internally and by subcutaneous injection, we have a decidedly better condition of the blood which continues to improve till January 8, the seventeenth day. Up to this time you will also note that the crenated amoeboid cells remain 2% Wasserman reaction positive although the neutrophiles had been reduced 50%. We now begin the treatment by means of daily use of Fraiser's serum and within five days the crenated amoeboid cells are reduced to 1%, while on January 21, they have entirely disappeared. The Wasserman reaction begins to show less positiveness on February 5, and becomes entirely negative on April 16. The latter part of February to April, patient was able to take occasional short walks, although two bladder crises showed up during this period. For these bladder crises *infusum digitalis* with *kuliaceticum* was given and gave the desired results. About this time I was called to Europe for reasons of professional studies and the patient was looked after by Drs. H. and E. during my absence, during which time no serum treatment was given, but tonic and emergency treatment were resorted to. I saw the patient on July 22 and found him in bed very emaciated and weak, the blood read less favorably than in April, and again the Wasserman reaction showed slightly positive. I regret the serum treatment had to be omitted during May, June and July, for here was had decided evidence that with the cessation of same, the patient receded in his progress. From this time until September 16, several digestive crises appeared which you may note from illustrated report. 3125, dated September 16, 1909, when the serum treatment was renewed. To create appetite and build up the emaciated body, I ordered *glidine* to be taken in teaspoonful doses in milk, tea or coffee with meals. The *glidine* was well taken and caused gain in flesh. Within five days after serum treatment is again taken up we note an improved blood condition, the patient feels more comfortable

and can move around house. Not until November 23 (report 3250) do we find reduction in the Wasserman reaction and not until January 18, 1910, do we find an entirely negative action. This negative action having remained so up to this day. The bladder crises have several times made their appearance to be relieved as previously stated and now patient is placed on reconstructive tonics, hoping thereby to get him outdoors for the summer. The next case I wish to report to you is that of Mr. E. R. W., age 25 (epilepsy).

This young man has been afflicted for 16 years and been under treatment by several physicians. His attacks first began in 1894, having three attacks a week; after treatment one attack occurred about once in seven weeks. This continued about one year under homeopathic treatment. Change was made to allopathic school for six months during which time attacks occurred once in three weeks. More specialists were consulted resulting in attacks once in two weeks gradually one in three months, finally one in nine months. Next patent medicines were resorted to patient growing worse, next allopathic for eight years showing at beginning improvement, but gradually growing worse, attacks occurring regularly in from ten days to two weeks. He was brought to me January 9, 1910, weighs about 145, pale in complexion, but full symptoms of acute brominism. No etiological factor can be elicited not even convulsions or hemiplegia during childhood. A glance at the first blood report gives crenated amoeboid cells and positive reactions both the Wasserman and Porges test. Syphilis is one of the most important etiological factors by the formation of neoplasms to which it gives rise in the meninge or in the brain. According to the symptoms we differentiated between the convulsive attacks, termed grand mal, and the vertigo and mental hebetude termed petit mal. The grand mal should be divided into three stages, the tonic stage or that of tetanic convulsions, the clonic stage or that of irregular convulsions and the stage of teror. For a minute description of these stages I refer you to any good work on diseases of the nervous system. Although not referring to the case in question, I will mention some of the etiological factors leading to epilepsy, although many of them are shrouded in the deepest of mysteries when no special brain lesions are present. We must differentiate between predisposing and exciting, preparatory and productive causes. Epilepsy may be due to focal disease of the brain as in cysticercus epilepsy, or infantile cerebral convulsions, not to be confounded with true Jacksonian epilepsy. Other causes are hereditary constitutional or neuropathic predisposition. Heredity depends either upon the fact that the germ plasms of one of the two progenitors was deficient from the start or that during life it suffered a damage of some kind which deprived it of its complete function. If the former be the case then it is possible

to trace neuropathic predisposition in the ascendant. Epilepsy is rarely transmitted from parent to child. There is no direct heredity, but an indirect dissimilar heredity due to neuroses and psychoses of many kinds. In the direct ascendants of epileptic we find alcoholism with extraordinary frequency. Acute infection, diseases of childhood are of great etiologic importance, such as measles, pertussis, scarlatina, diphtheria, enteric fever, etc. Conditions become more complicated in cases of chronic infection diseases, especially syphilis, and in such instances hereditary as well as acquired must be taken into account. In such instances syphilis is not transmitted, but the neuropathic predisposition which gives rise to the disease is produced. Should the virus be transmitted we must again differentiate two conditions:

First: epilepsy may develop from specific meningitis or circumscribed gummatous processes (symptomatic epilepsy) or it appears as a pure dynamic disturbance probably due to the action of toxins. The same differentiation is true of cases of epilepsy after acquired syphilis. It is to this stage and phase of the etiology of epilepsy I desired to lead you to show to you the value of blood and serum tests in this class of cases. In previous papers read before this society I have told you of the observance of the crenated amoeboid corpuscle as a diagnostic feature of syphilis. I have told you of the Porges and Wasserman serum reactions, and in the case here cited we have all three leading thus leaving no doubt as to the leucic character in this case; and for this reason I placed my client on Spermin (Poehl) internally and by hypodermic subcutaneous injections using two ampules weekly. Serum neurathenique spécifique daily; all other drugs excluded. March 14, almost after two months' treatment, the serum reactions showed but slightly till finally on May 10 negative serum reactions were observed. No other medications excepting mild heart tonics or cathartics were employed when necessity so demanded. The attacks only occurred twice in this time and on both occasions were very mild. The treatment will continue on the serums for a while longer, when I hope to avoid further attacks of it by indicated antispasmodics. The prognosis of epilepsy as in this case is always serious and quoad restitutionem all events doubtful. There are some cases in which apparently a cure takes place, but this number is small percentage, probably 5%. The line of treatment should be to ward off progressive mental deterioration and dementia.

217 Jefferson Ave., Brooklyn, N. Y.

To arrest paroxysms of asthma, adrenalin (5 to 10 minims of 1:1000 solution in 1 dram of normal saline) may be slowly injected into a superficial vein or hypodermically.—*Sajous*.

Chelone Glabra.

BY ELI G. JONES, M. D.

Read before the N. J. State Eclectic Medical Society, Dec. 13, 1910.

This plant usually grows in moist soil, its flowers are white, shaped like a snake's head with the mouth open. The leaves are the part used.

By the fathers of the Eclectic school, it was said to be an anthelmintic tonic laxative and stomachic. By this loose way of defining the properties of a plant, we are left entirely in the dark as to what the plant will do and the indications for its use. What the student of *Materia Medica* wants to know is the *modus operandi* of the remedy, how it affects different organs and tissues of the body—in health and disease. To be able to tell definitely what a remedy will do in diseased conditions, we must know what its action is upon the human body in health. Chelonin, when introduced into the stomach in its normal state, in doses of 2 grs. every two hours, produces a warm pungent feeling, which is followed by slight nausea. If we increase the dose to one drachm there is nausea, vomiting and purging.

The Balmony is a pleasant intense bitter, and may be prescribed for debility, loss of appetite, torpid liver. It yields its properties readily to wine and I have often put one ounce of the fresh herb in a pint of port wine with a tablespoonful of sugar. Dose a tablespoonful three times a day, as given above it increases the appetite, strengthens the patient and produces a gentle movement of the bowels. It is indicated in dyspepsia where the indigestion is dependent upon a feeble condition of the muscles, mucous membrane and glands of the stomach; especially is this true of the indigestion of "tea drinkers." Here the Chelone has made some fine cures. Three tablets of the 2d x trituration once in three hours. I have my doubts about this remedy being an Anthelmintic, but one thing it will do for children. In doses of Tr. Chelone, 5 drops, three times a day, it keeps the stomach and bowels in a healthy condition and thus prevents the formation of worms. I am confident that as a liver remedy the Chelone Glabra comes next to Chelidonium Majus. From experiments of my own I am satisfied that it acts upon the liver and will increase the flow of bile. It should be remembered that the Chelone acts upon the left lobe of the liver in the direction of the navel, bladder and uterus. There will be found pain and soreness in the left lobe of the liver. In some cases of enlargement of the liver we find a pulsating tremor (epigastric swelling) that is very annoying to the patient and a puzzle for the doctor. There is where the Chelone has done good work in reducing the enlargement of the liver and removing the epigastric swelling. Tr. Chelone, 10 drops, three times a day.

Burlington, N. J.

Items from the Field of Neurology.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

The insanity of adolescence and that of puberty are essentially the same. It is the most hereditary of all forms of mental disease. In my own experience, I have not found a case of this insanity in which the family history did not produce a record of some mental disease. The years of 16 to 20 seem to produce the larger proportion of cases of this insanity.

Miller, Berlzheimer and See claim that tetany is reflex in origin, but a careful examination of the facts of tetany and of toxic processes makes it probable that reflex causes are only responsible for evoking and not for generating paroxysms of the malady.

Tetany limited to the lower limbs in children may simulate spastic paraplegias, in the upper limbs it is sometimes confounded with generalized tetany. The great point of diagnosis is that the contraction in these conditions is permanent and continuous, in tetany it is essentially paroxysmal.

G. A. Allan and J. S. Dunn report a case of cerebrospinal meningitis of epidemic variety because of the comparative rarity of the disease in Scotland, and because it was of the fulminating case of the convulsive comatose type. To Americans, to whom epidemic cerebrospinal meningitis is well known, nothing noteworthy in the symptomatology appears. The rash in cerebrospinal meningitis is not well known in Scotland and Wright calls special attention to four of his cases in which the rash was purpuric, purple in color, and hemorrhagic in character, in spots, with well demarkated edges, varying in size from a pinhead to a bean. In one case in which death took place after twenty-four days' illness, the rash appeared in the seventh day and came out in successive crops.

Drunkards can be divided into three well-specified classes, each of which has its own peculiar characteristics. To the first division belong ordinary drunkards, who scarcely recognize any disadvantage from this indulgence, and who may get drunk regularly every Saturday evening and Sunday and yet go sober to work on Monday or Tuesday morning.

To the second class belong the periodical or paroxysmal drunks, who come from a stock with an unsound nervous constitution. Often they are of insane parentage. Often one of the parents had the same vice. They exhibit the tendency to drink early in life. For months (3—6) they are perfectly sober, then suddenly comes

on the craving for drink, "the great thirst" must be satisfied, it is overmastering and demands satisfaction at any cost. These outbreaks occur pretty regularly in some cases and irregularly in others.

To the third division belong those who are drunk in season and out of season, who lose no opportunity of getting drunk, who drink for the pleasure it affords them.

Randolph has tersely assembled the striking features of chronic drunkenness in the following lines:

"It weaks the brain, it spoils the memory,
Hastening on age, and wilful poverty;
It drowns the better parts, making thy name
To foes a laughter, to thy friends a shame.
'Tis virtue's poison and the bane of trust,
The match of wrath, the fuel unto lust."

A case of alcoholic mania came recently to my notice. The outbreak came suddenly at night, as in most cases, the patient was wildly excited, confused, ready for brutal violence, hallucinations and delusions of self importance, the patient became a prince and demanded treatment in accordance with his new rank. We were able to secure a remission in five days, but the patient remained irritable and impulsive.

In diabetes there is often a general depression of the mind, which is sometimes very irritating, and with it is associated a certain peevishness, a tendency to exaggerate, or to minimize things. The French neurologists have gone far in describing this mental condition in diabetes, which they call "diabete mentale." In my opinion this mental condition is due merely to the chronic intoxication through sugar.

Buzzard in the Goulstonian Lectures discusses Landry's paralysis (Lancet). His first question is whether there is such a distinct morbid entity. Perhaps no other title has been so abused as this, for under it have been described every form of paralysis of sudden onset, beginning in the lower extremities and extending upward. Nearly as many fatal cases of acute poliomyelitis in adults have been published under the name of Landry's paralysis as under their proper title. On the other hand, strenuous efforts have been made by some to force all cases of Landry's paralysis into the category of peripheral neuritis. It is a question if it will ever be known to us what the actual disease was in the cases described by Landry.

Buzzard reports three cases which he examined clinically and anatomically in which the symptom complex described by Landry was present. All the three cases may be summarized as follows: 1. No evidence of disease was present in the nervous system to the naked eye, except vascular engorgement. It is particularly to be noted that the cord was firm in consistence throughout in all the cases.

2. The only cell change was that seen in the spinal cord by the Nissl method.

3. The nerve fibres in the cord and in the peripheral nerves showed scattered droplets of fat. This form of myelin degeneration differs from true Wallerian toxic degeneration in the fact that the droplets are smaller and discontinuous and not necessarily associated with any loss of function on the part of the axis cylinders.

4. There was no definite evidence of neuroglial or vessel changes.

Quite a few cases of "chorea insaniens" result fatally. Cardiac manifestations are frequent in these cases, especially in those patients who suffer or had suffered from acute polyarthritis.

A case of unilateral paralytic chorea is reported by Grinker in *Amer. Jour. of Med. Scien.* The patient, a boy of seven years, after being kicked in the right ankle by a companion, slowly developed a right-sided hemiparesis, the weakness beginning with limping and slowly involving the whole side except the face. The reflexes were slightly reduced on the affected side, there were no atrophies, spasticity, or sensory disturbances. When the boy tried to use his right hand and arm a peculiar jerkiness and tremor appeared resembling partly the intention tremor of multiple sclerosis, and having some of the characteristics of tabetic incoördination. No hysterical stigmata could be found.

In a case of circular insanity in a man of very bad heredity, during the stage of exaltation there was manifestation of sexual feeling for men. The patient in this case thought himself a girl and it is questionable whether the sexual inclination was induced by the delusion, or by a contrary sexual instinct.

In hysteria the sexual life is very frequently abnormal, indeed always in predisposed individuals. All the possible anomalies of the sexual function may occur here, with sudden changes and peculiar activity and on an hereditary basis, they may appear in the most perverse forms. In the hysterical the sexual sphere is often abnormally excited.

The general hygiene of the neurasthenic patient should include the removal of everything that tends to remind him of his infirmities, change from associations that favor the neurasthenic state or condition.

Coccygodynia is a painful affection of the coccyx, and is not a frequent condition. The cause of this complaint is usually some form of trauma, such as blows or falls, horseback riding and exposure. Coccygodynia leads to hysterical and neurasthenic conditions. A coccygeal neuralgia is often dependent upon partial or complete luxation of the coccyx or fracture or disease of these bones. Did you ever treat a coccygeal neuralgia? No, well you did not miss much pleasure.

While bromides are very useful in many nervous conditions, the practitioner who prescribes bromides in an indiscriminate way as a "pick-me-up" is frequently the one who treats disease without first diagnosing it.

Charcot claimed some years ago that many of his patients with paralysis agitans were more comfortable during and after a short ride in a jolting vehicle. Assuming that jarring and vibrations had a soothing effect on the nerve centres, he had a chair so constructed that the patient got vibrations all over the body and got good results, still we have all seen cases of paralysis agitans where you can vibrate from now till next year and with no results whatever.

The occasional hearing of a "voice" is sometimes the only symptom of insanity noticeable in a patient. This "voice" may torment and drive him to suicide or homicide. In these cases the apparatus of hearing is normal.

In epilepsy at the time of the convulsion diarrhœa or constipation is noted. The menstrual period is also favorable to the occurrence of the attack. Painful digestion, retarded salivation, constipation and diarrhœa, acute dilatation of stomach, gastrointestinal atony and urine rich in skatol and indican show gastrointestinal autointoxication in connection with the attacks. If these symptoms are lessened, the attacks will also be decreased in number.

In preparation, a book on the eclectic treatment of nervous and mental diseases. Contact with many physicians has convinced me, that there is a demand for an aid in the treatment of different nervous and mental cases from an eclectic standpoint.

What is normal in a Mongolian, is decidedly pathological in a Caucasian and may be entirely abnormal in a Teuton or in a Celt.

It is one thing to cure a patient by suggestion, and another to have him stay cured. Many of the so-called suggestion cures of one physician pass over into the hands of others with all the work to be done over again.

In hysterical insanity, the abnormally intense sexual impulse may express itself in delusions of jealousy, unfounded accusations against men for immoral acts, hallucinations of coitus, etc.

70 Rogers Avenue, Brooklyn.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Drug Action.

Many drugs exert a directly opposite influence in large and small doses. When this fact is once ascertained in regard to a particular drug, its therapeutic action becomes clear and easily understood. If we once learn the action of the drug in large doses, and its influence upon certain parts and functions, we know that the influence of the small dose upon such parts and functions must be directly opposite. In any given disease, therefore, showing structural and functional symptoms *exactly* like the symptoms produced by large doses, we at once think of small doses of the same drug, because in small doses the influence is opposite. As an illustration of this fact ipecacuanha affords an excellent means. In large and moderate doses continued for a long time ipecacuanha will cause active irritation of any mucous membrane in the body, and in some situations the irritation will go on to inflammation. In very small doses it will cure this very condition. It will not, however, relieve the irritation of atony, as it is seen in many cases of spasmodic asthma, but on the contrary it will increase the severity of the disease.

If all drugs acted in the manner in which ipecacuanha does, the study of therapeutics would be a very simple one, but such is not the case. The action of some drugs is the same in kind, both in large and small doses, and here is where homeopathy stumbles and shows that it has but one leg for active service. Still other remedies

present drug symptoms which have not been recognized in any known disease. The physiological proving of the latter drugs affords no information, and our knowledge of them must come from experimentation in a direction accidentally suggested.

Agrimonia Eupatoria—Agrimony.

The ablest men among the Eclectics of the last century regarded agrimonia as one of their most efficient stimulants, tonics, astringents and alteratives. They employed it with marked success in all atonic conditions of the urinary apparatus, as well as in many other abnormal states. In chronic catarrhal diseases of the kidneys and bladder it has been extensively used, and often with the most gratifying results. It gives tone and strength to these organs, and may well replace many of the more prominent diuretics in many cases.

Agrimonia exerts a specific influence upon mucous membranes, checking profuse secretion and favoring normal activity. This action has suggested its usefulness in bronchitis and in phthisis. Its stimulating influence upon all the vegetative processes causes an improvement in the appetite, and favors digestion and nutrition. The most prominent specific indications thus far presented for this remedy are deep-seated pain in the region of the kidneys; colicky pain pointing in the lumbar region, pain extending from the kidneys down the ureters, catarrhal conditions of the bladder, uterine pain with uneasiness in the lumbar region, and muddy, foul-smelling urine.

In speaking of agrimonia Dr. Wooster Beach said that he regarded it as a "highly useful remedy in gravel, asthma, scrofula and eruptions of the skin."

Prof. R. S. Newton extensively employed agrimonia, and in a paper read at a meeting of the New York State Eclectic Society referred to it in part as follows:

"In cases of acute inflammation of the kidneys or bladder there should be good judgment exercised by the practitioner; he should know the actual operation of each remedy. The better method is to divert the secretions and excretions from the kidneys, and impose upon those organs as little labor as possible, by endeavoring to increase the action of the intestinal surfaces and the skin, making these tissues for the time perform the office of the kidneys vicariously. In these conditions too active and stimulating agents have been used, which have increased the inflammation, and been often followed by complete suppression of urine or stricture of the urethra which could not be overcome, causing death or establishing strangury, which produced suffering worse than death.

"We never use active diuretics in inflammation of the kidneys and bladder, attended with a high inflammatory condition of the system. We use them more than we do cathartics. After the inflammatory condition is broken up, and also in cases where we wish to produce a marked and decided action of the system, freeing it of any retained excretion which has become incorporated into or mixed with the blood, we rely very much upon this class of agents. We know of none in use equal to agrimony and gelseminum, or that can be used with so much certainty. In all the ordinary renal diseases, especially of a chronic character, in calculus formations, in catarrhal conditions and in ulcerations, nothing equals its action. When the secretion of urine is scanty and high colored, and the uric acid is not thrown off, as in scarlet fever and this class of diseases, it acts promptly.

"In all the chronic forms of disease of the bladder agrimony is invaluable, and will meet a variety of cases with such a certainty as will surprise any of our practitioners."

Agrimonia was one of Prof. J. M. Scudder's favorite remedies, and on one occasion he spoke of it in his *Journal* as follows:

"Given a pain in the region of the kidneys, and I always think of agrimonia as the remedy. In my practice I have seen wonderful results from it, in cases of months' and years' duration, and when everything had failed. I have found other uses for it, but this has been so prominent that I always associate the medicine and the position of the pain.

"Among neuralgias, nephralgia is one of the severest. It is a torture that might be borne for an hour or a day; but continued night and day for a fortnight or a month, the sufferer may well pray for relief or death. It varies in cause, in some a well-defined lithemia, in others there is absolutely nothing to be determined wrong with the urine. I have seen cases where the urinary deposit felt like pounded glass; cases with muco-pus in large amount; cases where the triple phosphate would make the lower third of the urine turbid as if with albumin; cases where not more than an ounce or two of turbid, dark-colored urine would be passed in the day; and still cases where the normal amount of clear urine of specific gravity 1020 would be passed.

"What wrong of the renal nerves takes place to produce this pain I have never been able to determine. Enough to know that in agrimonia I had a remedy. It allayed irritation of the stomach, stopped nausea and vomiting, started secretion from the liver, and did all that seemed to be necessary. I have said to myself, if it has such a favorable action on the stomach, it should be one of our best stomachics and tonics—but I have not found it so in other cases.

Having such a kindly and certain action upon the liver, it should take the place of chionanthus, leptandra or podophyllum, but it does not.

"It is one of those singular remedies that follow the specific indications sharply; and the indication is, pain in the region of the kidneys, especially of the right side. In this it is like collinsonia, or like colocynth. It does not make so much difference as to the size of the dose as one might suppose, as I have had the same effect from gtt. x to water ʒiv. as I have had from ʒij to water ʒiv. a teaspoonful every one, two or three hours."

The dose of specific agrimonia (or a good fluid extract) is from 5 to 30 drops.

If Aconite Not Veratrum.

In an otherwise valuable report of a case of puerperal septice-mia, recently published, the writer says that he directed his patient to take "aconite and veratrum every hour," but he failed to state just what results he expected from this incompatible combination. According to Scudder, and all other leading Eclectic authors, aconite is never indicated when the pulse is *full* and frequent, and veratrum is never indicated when the pulse is *small* and frequent. Therefore these two drugs could not have been indicated at the same time. In the doctor's case it is probable that aconite, in small doses, was indicated, but the veratrum must have done more harm than good. In journal articles the writers often make it apparent that they are unfamiliar with Eclectic works on therapeutics.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Louisville, Ky., in June, 1911. J. A. Munk, M.D., president; W. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1911. C. W. Brandenburg, M.D., president; E. H. King, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. C. Lloyd, M.D., president; H. Harris, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. James Moran, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton Street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes Street, Brooklyn. A. B. Wolf, M.D., secretary.

New Jersey State Eclectic Medical Society.

The fourth quarterly meeting of the New Jersey State Eclectic Medical Society convened in Masonic Hall "Arcade," 645 Broad Street, Newark, N. J., at 1.30 P. M., December 13, 1910.

The meeting was called to order and presided over by Dr. G. C. Young; roll call indicated a good attendance.

The reading of minutes of previous meeting was approved as read.

Communication from Dr. Finley Ellingwood of Chicago, on the subject of "Hypodermic Lobelia," was presented.

The hypodermic use of Lobelia has recently opened the eyes of the medical world. Much good will follow. Let all of us investigate this important subject and report to Professor Ellingwood, 100 State Street, Chicago, Ill., who is tabulating results.

A letter from Dr. D. P. Borden of Paterson, our President, was read, and sympathy expressed for him in his continued illness.

President Young made a few remarks, after which the floor was extended to Doctor Heeve who presented his paper on "When Shall We Operate in Appendicitis." It proved to be a masterly, conservative, presentment of this most interesting and vital subject. The Doctor also presented and explained a new style of Thermos Rheostat, for rectal enema. An interesting discussion followed.

Professor Hyde gave us a rule including three letters, viz.: P. R. T., to guide us in diagnosing true appendicitis; to wit: P. represents pain; R. represents rigidity, and T. tenderness over seat of trouble.

Professor Thompson then read his paper on "Feeding in Disease." The Doctor portrayed deep erudite thought in his efforts to elucidate his theme.

Professor Drayton, the ex-editor of the Phrenological Journal presented his essay on the subject of "Suggestive Therapy in Heart Cases." The subject was unique, and rendered in a lucid and convincing manner. It was warmly discussed by Doctor Adlerman who did not agree with many of the theories set forth by the essayist.

After further discussions by Drs. Thompson, Heeve, Young, Hyde, Willis and George, Dr. Drayton swung the pendulum to center and by suggestive therapy quieted, not only the hearts, but the minds of all. Look for these valuable papers in the Eclectic Review.

Doctor Young accepted by title the paper on Lobelia by Dr. N. R. Martin, the oldest eclectic in the country being 91 in the Spring. The Doctor has used Lobelia for over or about 60 years and has had an overwhelming experience with its use. Watch for his article in the Review.

"Infantile Paralysis," by Dr. G. H. Kitchen. "Chelone Glabra."

by Eli G. Jones. "Mental Deformity Due to Brain Injury," by G. E. Potter, M. D.

The President now called upon Professor Hyde for his paper, "Intestinal Obstruction," which was delivered in the Doctor's usual modest, soft spoken, but convincing manner. Considerable discussion followed. Look for it in the Review.

Doctor Young held his paper, "The Science of Life," until the last moment, so that all others should be fully heard. Words fail me to comment properly upon this paper. It will appear in the official organ of the Society, "The Eclectic Review."

The members and others who should be members, who missed this treat, should not miss the next meeting, announcement of which will appear in the Review. Prepare for the annual, and meanwhile let the Secretary have title of papers so that a good call can be gotten out early.

Adjourned.

G. E. Potter, M. D., Secretary.

Eclectic Medical Society of the City and County of New York.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held in the College parlors, Thursday evening, December 15th, President Lloyd presiding.

The minutes of the previous meeting were approved as read.

Doctor Harris, on behalf of the Literary Committee reported that the symposium on "Eclectic Wash" had been sent to Professor Lloyd for publication.

On motion by Doctor Hardy, the naming of the wash was left to the committee.

On motion the names of Doctors Drummond and Skou, both having removed from the city, were placed on the honorary list.

Dr. T. D. Adlerman called attention to the paragraph on national health in President Taft's recent message to Congress. He advised that this Society register a protest against the contemplated laws.

On motion by Doctor Harris, a committee of three, Doctors Adlerman, Thompson and MacDermott, was appointed to draft resolutions against the proposed measures, and to transmit them to the proper persons.

Dr. C. W. Brandenburg called attention to the proposed celebration of the anniversary of the birth of Horace Greeley, a lifelong friend of Eclecticism.

On motion by Doctor Favorini, a committee of three was appointed to investigate the nature of the proposed celebration and to recommend as to the advisability of taking part therein. The Chair appointed Doctors Favorini, C. W. Brandenburg and Thompson.

Annual reports were presented by the treasurer and financial secretary.

On motion the reports were received and referred to the Auditing Committee. Being examined and found correct, they were unanimously accepted. These reports showed the finances of the Society to be in a highly satisfactory condition.

On motion a nominating committee was appointed, consisting of Doctors Hardy, Olsson and C. Brandenburg, who reported as follows:

For president, Dr. Chas. Lloyd.

For vice-president, Dr. Attilio Favorini.

For treasurer, Dr. G. W. Thompson.

For recording secretary, Dr. H. Harris.

For financial secretary, Dr. G. J. Olsson.

For members on the Board of Censors: Doctors Hyde, C. Brandenburg, Sillo, Schaefer and MacDermott. All were unanimously elected.

Doctor Hardy, with a few appropriate remarks, installed the officers-elect, who responded briefly.

The president announced the reappointment of all standing committees, which were on motion approved.

The Society then adjourned. H. Harris, Secretary.

Items

"The Physician's Visiting List." (Lindsay and Blakiston) for 1911. Sixtieth year of its publication. Philadelphia. P. Blakiston's Son & Co., Publishers.

This is one of the most convenient visiting lists published and has perhaps been used by more physicians than all others combined.

For sixty years the publishers have annually presented it to the profession which of itself proves its worth.

Just as we go to press we learn of the death of Doctor Milbury Green, on January 8th, at his home in Boston, Mass.

Dr. G. E. Potter announces his removal to 100 Halsey Street, Newark, New Jersey, where he has greater facilities and more pleasant offices for the treatment of patrons.

At Liberty, New York, a fine cottage of six rooms, electric light and bath, in fact all modern conveniences, can be had at \$18.00 a month. Address Mrs. S., care of Eclectic Review, 140 West 71st Street, New York City.

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Formula:

Each fluid ounce contains:

Bismuth Oxide Hydrated	12 grains
Magnesium Salicylate	1 grain
Geranium Maculatum	32 grains
Pancreatin	4 "
Potassium Guaiacol Sulphonate	4 "
Sodium Sulphophenate	1 grain
Chloroform	2 Min.
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INTESTINAL ANTISEPSIS has for many years been accepted with growing appreciation as the rational treatment in gastro-intestinal diseases that are the result of morbid fermentation or putrefaction.

Many minor ailments arise from these conditions such as diarrhoea-dysentery, mal-nutrition, vomiting, headache, gastro-intestinal irritation, the so-called "biliousness" with or without well marked nervous symptoms.

The class of remedies possessing the power to destroy the minute organisms of disease and to arrest septic processes are so distinctive as to require their recognition in a group by themselves.

The therapeutic application of these remedies must, however, as far as possible, be based on their physiological action for the results of such research are the most reliable evidences of advancement in the therapy of drugs. It is equally true, however, that well established facts, though savoring of empiricism, should not be overlooked, much less ignored, especially when confirmed by professional experience.

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BISMUTH, an old and tried remedy, has come to the front and taken its place as a valuable adjunct to the many new and highly extolled antiseptics and is now recognized as one of our most powerful bactericides.

GERANIUM is referred to by our best authorities as our most valuable vegetable astringent and tonic to enfeebled mucous surfaces.

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THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. XIV.

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NO. II.

Medical Authority in America.

The persecution of Samuel Thomson did not cease with the finding of "not guilty" in the case cited. Authority still dogged his footsteps and whenever it had an opportunity, it did its utmost to destroy him and his practice.

Continuing his narrative, he says: "About the first of June, 1811, I received a letter from Eastport, where I had been the fall before and shown some of my mode of practice. Some of the people in that place were so well satisfied with it that seven men had subscribed their names to the letter requesting me to come there and practice in the fevers which prevailed in those parts. . . . I was gladly received by those who had written to me, and by those with whom I had become acquainted when there before. I agreed to practice under the protection of those who had sent for me, until I had convinced them of its utility, to which they consented and promised me all the assistance in their power. I was soon called on to practice and had all the most desperate cases that could be found, in all of which I met with very great success. The first cases I attended in the presence of the committee were five cases of consumption. These patients were all relieved in three weeks and were all living this present year (1831)." Speaking of one case in particular, Dr. Thomson says: "While attending him I had to pass a doctor's shop. A scythe was thrown at me, point first, about the distance of two rods. It passed between my feet without doing any injury."

And so the villainy went on during Samuel Thomson's life. Authority never slept on the job. Whenever it saw a chance it never failed to take advantage of it. Thrown into jail, it was hoped he would die before he could be tried. He did not die. Attempted murder failed. Slander proved futile. Vile epithets hurled at him failed to intimidate him. All the devilish chicanery directed against him could not destroy the man nor his methods. Authority even had the courts to back it up in its persecution of Thomson, but the

tide of medical reform had set in and the people's eyes were opened. Samuel Thomson set the entering wedge which was to cleave allopathy asunder.

During Dr. Thomson's life authority was, as it ever is, composed of persons we of today designate as medico-political shysters. It was made up of the intolerant, bigoted, bombastic variety of doctor who has more time to spend in vilifying his competitor than to seek for proper means to cure the sick. Authority, then as now, and in times past, used every effort to kill thought. It did not like to be disturbed. It claimed all knowledge in medicine and tried to ridicule other men out of adopting newer and better methods. It claimed to have the key to learning, which was the only key that would unlock the storehouse. *They claim it yet.*

There were, however, some allopathic physicians who were honest and were willing to give credit where credit is due. Dr. Benjamin Waterhouse, Professor of Theory and Practice of Medicine, Cambridge University, said of Thomson: "He is not a quack, if by quack we mean a vain, artful, tricking practitioner of physic. . . . If Samuel Thomson is a quack, he is a quack *sui generis*, for being an enemy to concealment, he tells all he knows in as plain a manner as he possibly can, and leaves you to form your own judgment, provided you divest yourself of the fashion of this world of physic, which, with priestcraft, is fast passing away. Read his book, men of New England, and after making due allowance for the author's condition, situation and provocation, judge whether such a man merits the persecution he has endured, and the treatment he has met with."

Here we can see the difference between a man and a villain. The one represented thought; the other represented authority. One gives to man his due; the other gives him hell, no matter what may be due him.

To show that a corrupt court may stand behind authority let me quote a little further from the life of Samuel Thomson: "Dr. Thomson was indicted before Chief Justice Parsons for poisoning with lobelia, but the charge was of so frivolous a character that he was discharged without being put upon his defense. Here the affair should have rested; but Judge Parsons, to gratify a malicious disposition, made out a garbled report of the case, calculated to injure Dr. Thomson, and reflect discredit upon his system; and this report has now grown into a precedent, and is cited to prove that the Thomsonian remedies are pernicious. It was not known for many years that Parsons was the author of this report (no one suspected him of such an act of baseness) but it was ultimately discovered by Col. House." Dr. Waterhouse says of this: "Samuel Thomson, like

most reformers, has endured in our county of Essex as much severe persecution as ever was perpetrated in it; which is saying a great deal when we call to mind the days of the delusion of witchcraft." In another letter, Dr. Waterhouse says: "I am, indeed, so disgusted with learned quackery that I take some interest in honest, humane and strong-minded empiricism; for it has done more for our art in all ages and in all countries than all the universities since the time of Charlemagne."

The attitude of the more liberal physicians of the old school did not check the antagonism of authority as represented in that school. As in all the past, they watched for every opportunity to attack him. Authority began to clamor for laws to *protect the people from irregular* medicine, quackery, etc. In New York they besought the Legislature to enact what they termed anti-quack law. They succeeded in getting such an act passed. Writing of the Act, Dr. Waterhouse says: "How came your Legislature to pass so unconstitutional an act as that called the anti-quack law? Such as the Parliament of England would hardly have ventured on; for who will define quackery? . . . You New Yorkers are half a century behind us in theological science, but your quack bill looks as if you halted also in physic."

These few instances are cited to show the attitude of authority in America toward those who sought to improve the practice of medicine. They are illustrative of the action of authority throughout the life of Samuel Thomson. The villainy of authority continued during the life of this reformer. It pursued him with scornful insolence. It vilified, slandered and maliciously attacked him at every opportunity. Its malevolence did not abate at his death. Authority anathematized his ashes, calumniated his successors, ridiculed their methods which were far superior to its own and sought in every way possible to destroy the effects of his teachings. Authority begged for laws to suppress the new practice. What it could not do by the force of its own maliciousness, it tried to accomplish through political chicanery. It never permitted its weapons to rust in their sheaths. Its fingers have never relaxed their hold upon the hilt of its dagger. It has never ceased to war upon right and justice. And even unto this day it smiles upon its adversary while seeking for means whereby to destroy him. (Bulletin No. 11 of the Lloyd Library, Life and Medical Discoveries of Samuel Thomson.)

Stephens.

Have you seen the pocket edition of Fyfe's *Materia Medica*? It is just the thing for the student's pocket or the doctor's desk.

Our State Meeting.

This year's meeting, which will be held at Albany on the 29th and 30th of March, promises to be a worthy successor to the jubilee meeting of last year which all who attended agree was exceptionally fine.

At this meeting many papers will be presented by the best men of our school, not only from our own State but many outside our society have promised to be with us.

In the March issue of the REVIEW I will present the detailed program. If you have a paper to present, or a subject you wish discussed, send title to our Secretary at once so that a proper place can be assigned it on the program.

The question of the establishment of a National Bureau of Health will be one of the important topics to be considered at this meeting. Your presence is necessary, I might urge, imperative, for we must meet the powerful organization back of this proposed "National Health Scheme" with organization.

I hope that every Eclectic will strive to attend this meeting, and I desire to extend this invitation to every liberal physician in the State, assuring all of a hearty welcome to an interesting and instructive meeting.

C. W. Brandenburg, President.

Hints and Winnowings.

It is rarely that we count the cost of human progress, or give due credit to martyrs of science. We read a few articles in technical journals recalling their services to the discoveries for which they died, and then pass on to our usual activities of life. Some of the heroes of science go to their death voluntarily, knowing from the beginning the dread possibilities of the end and willing to be sacrificed if the sufferings of others may thereby be ultimately lessened. These thoughts are suggested on reading a brief sketch of the life and work of Dr. Mihran K. Kassabian, a famous X-Ray specialist, who not long ago died of skin cancer. Well-knowing the doom which had overtaken so many others, he persisted in his experiments, although operation after operation became necessary in the vain hope of arresting the progress of his malady, which was directly traceable to the burns he received while administering the Roentgen rays from which so much has been hoped. He was an industrious writer upon his favorite subject, but he carefully refrained from mentioning the dangers of X-Ray experimentation, or the fact that he knew himself to be slowly dying from the frightful injuries he had received in the practice of his profession. It has

been thought that this silence resulted from a fear of discouraging other brave experimenters who, happier than himself, might at last succeed in depriving the X-Ray of its malignant influence.

Undoubtedly many of the REVIEW readers remember the Irish cook who had the dangerous power of collecting and distributing typhoid fever germs to such an extent that she finally became known to many of the profession as "Typhoid Mary." She was found by the New York health department to be responsible for at least three epidemics of typhoid fever. She was isolated and treated for several years, and finally released on her promise that she would keep out of household service. During the last summer a brother in affliction of "Typhoid Mary" was discovered in the Adirondacks. His occupation as a guide placed him in intimate association with many people, and it has been shown that during the past season alone he was responsible for the death of two persons and for the serious illness of at least thirty more. The guide, now known as "Typhoid John," has agreed to undergo a treatment in the form of the Metchnikoff cultures, and two prominent physicians have offered to undertake the management of his case free of charge. Investigations prompted by these cases brings out the interesting fact that there is no law in this country restraining the movements of such human carriers of typhoid germs, though it is conservatively estimated that there are at least 10,000 of these afflicted and afflicting persons in the United States.

The director of the institute for medical research in the Malay States believes that the disease known as beriberi is caused by white rice—that is, overpolished rice. Other investigators, including Dr. Stanton, fully concur in Dr. Fraser's opinion, and the fact has been established that the proportion of cases is 1 to 39 when the rice is eaten in an overpolished state, and only 1 to 10,000 where it is eaten with its pericarp. In some cases the disease disappeared when unshelled rice was substituted for the shelled rice. Dr. Fraser's investigations have convinced him that beriberi may be prevented by substituting for white, or overpolished rice, a rice that has been polished lightly, or by using the polishings from the white rice with the polished products. This discovery has created profound interest throughout all parts of the far east, where beriberi has terribly afflicted the natives for many years.

Now we old fellows have sure enough got Osler on the run, for Dr. Stewart, of Oklahoma, has got things fixed so that we can put in a good full day's work for every day of one hundred or more years. Old and useless at 60, indeed! Why, according to our friend Stewart, at that age we ought to be just getting well settled in the harness. Long live Stewart, that he may continue to repeat to us

his cheering optimistic words. Now hark ye unto the noble man of Oklahoma:

"In many animals the whole duration of life is five or six times the period required for complete development. As a man is from twenty to twenty-five years in reaching maturity, he should live from one hundred to one hundred and twenty-five or thirty years. That even the greatest of these possibilities have been exceeded by both man and woman in many cases the records of centenarians abundantly prove. If the vital force which comes with genetic continuity is of the highest intensity and external relations are favorable it should not only be possible but highly probable that instead of a very small minority a very large majority of lives could be extended beyond the century mark."

In England a mysterious and extremely fatal disease has broken out. In one village four persons died after an illness of only two days. The high fever, sudden onset, cough and congestion of the bases of the lungs point to acute pneumonia of an influenzal or septic type. The intensely infectious character of the malady, however, makes it difficult to establish a diagnosis free from doubt. In these days of rapid transit it is often well to make a note of unusual diseases appearing in foreign countries.

In this city thousands of people who could well afford to pay physicians reasonable fees for treatment are treated in hospitals at the expense of the public, and in Boston it is estimated that no less than five hundred persons a day receive free medical care for which they are able to pay. This form of theft is more contemptible than picking pockets, because a pickpocket displays a certain form of courage, while a fraudulent applicant for free treatment exhibits the character of a cowardly sneak, who not only steals from the city and the doctor, but also robs the needy poor of the time and care to which they are entitled.

The annual report of the Babies' hospital, situated at Lexington avenue and Fifty-fifth street, has just been issued by its secretary. The report says that in twenty-one years 7,687 babies have been cured at the hospital or discharged as improved. It is further stated that "last year we had twenty-eight supported beds, which yielded \$7,000 income, but we need the larger and more generous support of the public."

It surely is strange that some doctors cannot realize that ALL of the "get-rich-quick" propositions found in their mail are frauds, or that the rascals behind them regard doctors as "easy marks." Apparently the doctors are numerous who do not know that there is a large amount of money in this country ready to be invested in reliable business enterprises, or that such concerns do not need

their small savings. If by hard work and economy a small sum which they wish to invest has been saved the place to put it is in their own towns, where they can watch its use. The yield may not be great, but savings banks, town bonds and first mortgages on farms are very rarely otherwise than safe.

That fleas carried about by dogs, cats and other domestic animals caused the spread of infantile paralysis in epidemics in Middletown and Meriden, Conn., is the opinion of Prof. H. W. Conn, State bacteriologist, who has been investigating the epidemics for the Connecticut State Board of Health.

Now is the time when legislative microbes, in all of the States, are the most active and virulent. Better keep them under close observation.

J. W. F.

The Voice in Diagnosis.

In obscure abnormal states it is often necessary to avail ourselves of all possible means of securing a diagnosis free from doubt, and even then the task is many times far from an easy one. The temperature, the pulse, the tongue, a physical examination, and many other means of diagnosis, are carefully passed in review in order to satisfy our desire to make a correct diagnosis.

The voice, however, though a frequent important factor in disease, is too often neglected, and its story omitted from our diagnostic conclusions. On entering the presence of the sick it is well, in many instances, to give fully as much attention to the voice as to what the patient is saying. If we thoughtfully consider it we will find that it expresses strength or weakness, that it is deficient from local disease, or that it represents the condition of the brain in tone, which varies from the listlessness of atony to the querulousness of excited function and the excitation of over-activity. In considering the voice as the expression of disease we should recognize the fact that it refers to a general impairment of life, a wrong of the brain, and to an abnormal state of the respiratory organs. If we did not keep these different sources of disease in mind it would be possible for us to make serious mistakes. If, for instance, we find feebleness of the voice we should remember that the condition may be due to general impairment of life, to impairment of the function of the brain, to a deficient supply of nerve force from the spinal cord, or to some wrong of the respiratory organs.

While it is true that strength of voice is usually regarded as evidence of good vital power and a good respiratory apparatus, it does not always prove to be unqualifiedly so. It certainly evidences good innervation from the brain and spinal cord; but, even if these

nerve centers are sound, active and well supplied with blood—assuring a strong voice—the body at large may be weak or nearly exhausted. A strong voice, however, is usually a favorable symptom. Feebleness, on the contrary, evidences atony, either of the body at large, the brain, the spinal cord, or the respiratory organs. While the probabilities are in favor of its being a nervous lesion, we must not take it for granted, but at once make such examination as is necessary to locate the wrong. If the feebleness is associated with a marked effort of the will and a sighing respiration it is probably caused by deficient innervation from the spinal cord. In wrongs of the respiratory organs there will be a change in the voice other than feebleness. The halting voice, evidencing a labored action of the brain, is a reliable indication of congestion. The oppressed voice, hollow and unsteady, is a very good evidence of an impairment of life. The oppressed voice from the upper part of the lungs suggests a deficient nerve supply to the heart and respiratory organs. Sharpness of voice suggests nervous excitation. Diseases of the larynx are often pointed out by changes in the voice. The croupous cry and voice are as distinctive as is the croupous cough. If it evidences moisture we have mucous croup; if it is dry and metallic, pseudo-membranous croup; if variable in tone and character, spasmodic croup. In chronic diseases of the larynx roughness of the voice is one of the first symptoms. As the disease progresses various changes take place in the voice, and the use of it becomes difficult. In chronic bronchitis there is a change, but it is not similar to that in laryngitis. It may give the voice shrillness, as in irritative bronchitis, or dullness, hollowness or reverberation, as in asthenic bronchitis.

J. W. F.

Original Articles

Hydrastis Canadensis.

BY ALBERT S. GOMBAR, M.D.

Read at the December meeting of the Specific Medication Club.

Hydrastis Canadensis, known as Golden Seal, is a plant indigenous to northern and central part of the United States, growing especially in the moist, rich woodlands. The fruit bears a resemblance to the raspberry, but is not edible. The Indians employed it for staining and dyeing yellow, and it is said to impart a rich and permanent yellow, and with indigo, a fine green to wool silk and cotton. It contains a bitter coloring matter, berberine, and the white alkaloids Hydrastine and Canadine, while Hare also mentions a principle Xanthopuccin. The so-called active principle "Hydras-

tin," which the old Eclectics used, was in reality berberine, which they obtained by the precipitation of an infusion of the root by hydrochloric acid, and consisted of a variable proportion of hydrastine, berberine and resin. The dose of the fluid extract is from 5 to 20 mm. Powdered hydrastis 3-15 grains, and hydrastine $\frac{1}{2}$ -3 grains.

Physiological Action: The action of hydrastis is partly analogous to that of nux vomica, though its influence is more slowly developed and more permanent. It stimulates the nervous system, respiration and circulation, improves the heart's action and increases arterial tension. In its influence upon the gastro-intestinal tract, it is a tonic and restorative, promotes the appetite and increases the secretion of the gastric and intestinal juices. It influences muscular structure everywhere in the system by stimulating normal fibrillar contractility and giving it increased tone. Berberine, according to the studies of Falk and Guenst, has produced in dogs, convulsions, hurried respiration, and diarrhoea, which if followed by larger doses produced dyspnea, paralysis, convulsions and death. In man, however, no serious symptoms have been recorded as yet. The hydrastine, if given in extreme doses, blunts the sensibility of the terminal nerve filaments, produces muscular tremblings, increased reflex activity, clonic and tonic spasms, followed by loss of voluntary movements, decreased reflex activity, syncope, decreased power of the vagus and the heart fails in diastole. The hydrastinine, which became official in 1890, in toxic doses, also first acts upon the spinal cord as a stimulant. The convulsions following were not prevented by section of the spinal cord, nor yet by shutting off the drug from the periphery by cutting the artery before administration.

Therapy: Hydrastis exercises an especial influence over mucous surfaces, and is a most valuable remedy in catarrhal gastritis and gastric ulcerations, acting both as a local and constitutional tonic. In atonicity of the stomach, it increases the tone, stimulates normal secretion, promotes the appetite and increases the quantity of the gastric juices. In cases of atonic dyspepsia, accompanied with hepatic torpor or congestion, it is of inestimable value. It seems to have an especial action over the portal vein and hepatic structure, resolving biliary deposits, removing obstructions, promoting secretion and giving tone to the various functions. It is eminently cholagogue, and may be relied upon with confidence; podophyllum, and leptandrin enhance its operation materially.

In chronic constipation and all the intestinal difficulties resulting from it, such as piles and ulcerations of the bowels, hydrastis, persistently administered and alternated with an occasional dose of podophyllum, has cured many inveterate cases. It is useful in chronic dysentery or diarrhoea, combined with geranium or myricin.

Hydrastis, combined with nux vomica or capsicum, will often take the place of alcohol in chronic alcoholism and with forced nutrition will assist in the cure of the disease. In the so-called "complete break down" or general nervous debility, Ellingwood mentions a formula of hydrastis, grain i, quinine bisulphate, grs. ii, carbonate of iron, gr. i, and capsicum gr. $\frac{1}{4}$ in a capsule every 3 hours, after eating something simple, that the stomach may not be empty. It is a simple tonic, but in his estimation has no superior.

In its powers over the nutrition of muscular structure, it is an important remedy in many disorders of the womb. It produces contraction of the unstriped muscular fibres, aiding parturition in a milder and less forceful manner than ergot. Falk and Strassman, in the "Schmitts Jahreshücher," highly commend the hydrastine in uterine hemorrhage, menorrhagia and metrorrhagia, and in the milder forms of endometritis, while Faber, in the "Therapeut. Monatschrift," states that he has produced abortions in 12 out of 13 cases by its use hypodermically, and that it is an active oxytoxic.

In the treatment of cancer of the breast, Dr. Hale has had good results from this remedy, using it in conjunction with conium, giving it 3 or 4 times per day. The hydrastis is directly indicated when the tumors are hard and painful; conium where they are small, hard and painless, or the dry hydrastis, sprinkled upon the surface of an open cancer or ulcer will act as a mild escharotic, dissolve fungoid growths and promote a healthy discharge.

In many derangements of the urinary apparatus we have found it to answer an admirable purpose; in chronic inflammations of the bladder, given in small and oft repeated doses, as also in chronic congestion of the ureters, suppression of urine, gravelly affections and diabetes, it will be found highly useful.

Externally, hydrastis has been successfully employed in leucorrhea, in various strengths from 1 to 3 drams to a pint of hot water. It is of much service when the discharge is thick and yellow and the membranes relaxed and feeble. The same will also be found useful as an injection in gonorrhea, gleet, urethral inflammation, vaginitis, cystitis, and hemorrhoids. In aphthous or ulcerated sore mouths, when the gums are spongy or loosened from the teeth or bleed easily, it is a most useful gargle.

One grain of the hydrochlorate in an ounce of rose water with 3 grains of Zn. SO_4 is of superior value in purulent conjunctivitis or the hydrastis combined with KClO_3 is very often useful in catarrh. If made into an ointment with lard, $\mathfrak{z}\text{i}$ to $\mathfrak{z}\text{i}$, it is useful in eczema of the anus, with ulcers or fissures in the rectum, and may be applied about the nose, lips, ears, etc., in eczema or eruptions.

New York City.

When Shall We Operate in Appendicitis?

BY WILLIAM L. HEEVE, M.D.

Read before the New Jersey State Eclectic Medical Society, Newark, December 13, 1910.

Appendicitis seems to be the cause of a storm in the field of surgery and its mode of treatment varies as the wind. When the disease is suggested to the lay mind a sense of horror disturbs the equilibrium of conscientious good sense.

It was but yesterday that our leading surgeons threw down the gauntlet of conservatism and unfurled the flag of radicalism, demanding that all cases of pain in the right iliac fossæ require immediate operative interference. Many surgeons paid the penance for their wild delusion.

To-day, we study our case and ascertain the true causative lesion; the condition of the patient relative to nature's reaction; the degree of infection; the advisability of immediately opening the abdomen and attacking the cause or waiting until the infection becomes circumscribed; and nature's ability to rid herself of the cause without surgical interference. Each case of appendicitis is distinct, and must be considered as an individual case; each symptom complex must be studied in its individuality; and the method of treatment must be applied in a specific manner, just as we apply our specific remedy to suit the specific indication as put forth by nature in her abnormal state. No "cut and dried" methods, no routine "staff treatment" should be applied to this disease, but sane, cool, deliberate and conservative treatment, ever ready to assist nature in her battle for the sustenance of life.

The mortality of appendicitis is due to the extension of the infection to the peritoneum, or by metastasis. This extension is accomplished, in a great measure, by the peristaltic action of the intestines; by meddlesome treatment, trying to drive out the "devil" by cathartics; also by meddlesome surgery after infection has extended beyond the appendix and before it has become circumscribed.

In acute appendicitis no definite number of hours can be given in which the infection is still confined to the appendix. In some cases this is but the first twenty-four hours; while in others, throughout the entire course the infection is so confined. In some cases the infection is mild and drainage through the valve of Gerlach is good so that nature will drain the fluid to the cæcum; but in other cases, obstruction at the valve of Gerlach occurs early and the infection, being active, produces a great degree of distention favoring coagulation necrosis, perforation, gangrene and extension to the peritoneum. Therefore it is important to use one's judgment in the question of hours.

It seems to be the consensus of opinion that when the infection is still confined to the appendix, the patient should be operated upon. This will remove the source of future complications and give a low mortality.

Ochsner reports 255 cases (infection confined to the appendix) operated upon with death occurring in five cases or 1.9 per cent.

Von Bergman reports 2,719 cases with 8 per cent. mortality.

Guttstadt reports 18,964 cases (a series of collections) with 6.9 per cent. mortality.

This seems to prove that if we can operate at this stage, our mortality will be at a minimum.

Now we must consider the cases where infection has extended to neighboring structures, due to perforation and gangrene, where the stage of isolated infection has passed. Here the infection has extended and the entire system has been invaded by poisonous toxins. This is the dangerous stage of appendicitis and calls for cool, deliberate judgment, as the mortality here advances according to the degree of extension.

Most surgeons agree that if the invasion is still confined to the neighborhood of the appendix and the general condition of the patient is good, the abdomen should be opened, the source of infection removed, drainage provided for and the operation terminated quickly. Then follow Ochsner's plan of treatment, which consists of giving no food by mouth, no cathartics, gastric lavage if required, rectal feeding of nutrient enemas, Fowler position and Murphy saline proctoclysis.

We will now consider the cases of appendicular abscess. In these cases presenting a distinct suppuration, it is best to wait until the zone of hyperleucocytosis is formed, giving Ochsner's treatment and saline proctoclysis with the Fowler position; when nature has circumscribed the infection and a distinct tumor presents, open and drain, using judgment about removing the appendix. The application of the ice coil in suppuration is an admirable adjunct to the treatment.

Last we must consider that lamentable condition—perforation with diffuse peritonitis and general toxemia. Here one's judgment is severely taxed. To combat this condition with radical measures, we invite the pang of death to close our scene. Never could I tolerate the drastic measures advocated by Blake. In this stage the kindly treatment as advocated by Ochsner will do wonders; gastric lavage, no food or medicine by mouth, rectal feeding, Murphy proctoclysis, Fowler position, ice coil over the abdomen, camphor and xanthoxylum hyperdermatically (I prefer these as strychnine increases peristalsis), also veratrum viride. If symptoms improve wait

until the opportunity to operate safely arises. If symptoms do not improve, then operate, open quickly and drain, making no attempt to remove the appendix or break up adhesions, and continue Ochsner's plan of treatment.

The following histories will explain in detail my mode of treatment:

Case No. 1.—Mr. W., age 31, cigar maker. A sufferer with chronic muco-colitis (membranous). Suddenly developed appendicular colic, temperature 97° F., pulse 80. Libradol applied to area, gastric lavage to allay nausea, no food by mouth, nutrient rectal enema and stimulation. At the expiration of forty-eight hours pain subsided. Fourth day food by mouth. Uneventful recovery.

Case No. 2.—Mr. R., age 20, student. Suddenly developed severe pain over the entire abdomen with very acute pain over appendix, temperature 101° F., pulse 98, nausea and vomiting, slight rigidity, no tympanites and no palpable swelling. Appendectomy performed sixteen hours after beginning of pain. Appendix swollen and injected. Uneventful recovery.

Case No. 3.—E. K., age 10, case of Dr. F. Elliott. Appendicular abscess. Case had been ill five days, tumor circumscribed, moderate tympanites. Operation, appendix (perforated) removed, pus mopped and drains inserted. Recovery.

Case No. 4.—James L., age 29, artist. Gave history of severe pains over entire abdomen, diarrhœa and nausea for a period of three days; fourth day severe pain with sudden collapse. I was called and advised removal to hospital; temperature 97.1° F., pulse 70, respirations 20. Patient refused. On the fifth day patient consented and was removed to the hospital, temperature 103.2° F., pulse 120, respiration 36, symptoms of general peritonitis. At the hospital patient refused to submit to operation. Upon the sixth day coma developed, then incision was made and drains inserted. Death closed the scene at midnight of the sixth day. Post mortem findings—appendix with three gangrenous perforations, large fecal stone (specimen presented to the Society for inspection), about twenty ounces of pus, abscess under cæcum and ileum, three gangrenous spots upon cæcum, appendix was retrocæcal. This case is one to be deplored as the post mortem findings prove that if operation had been performed upon the fourth day, I feel certain that the case would have recovered.

Recurrent attacks of appendicitis and chronic appendicitis should be operated upon during the interval of the attacks. It should be our aim to operate during the interval, if possible, but never allow a too zealous desire for interval operations to hold our hand when an

immediate operation is demanded to prevent an extension of the infection.

Where pain is an important factor, gradually becoming more intense regardless of treatment, it is best to operate immediately.

When in doubt—operate.

302 Sumner Avenue, Brooklyn.

The Indicated Lung Remedy.

BY H. HARRIS, M.D.

Read at the January meeting of the New York Specific Medication Club.

In the practice of specific medication, differential diagnosis is not limited to the classification of disease alone, but also to the classification of drugs which specific symptoms indicate. It is equally as important to exclude unindicated, though related drugs, as to exclude other, though kindred diseases.

In considering the indicated lung remedy, I purposely limit this discussion to uncomplicated lung diseases. The diseased lung presents numerous symptoms; many of these are common to a majority of pulmonary disease—some few are pathognomonic of one condition only. Many remedies answering to more than one single indication are especially useful, providing their several indications are present in the same case—for instance, if in a given case of acute bronchitis there exist fever, a small, wiry, frequent pulse, dry skin, recurring chilliness, laryngeal involvement and decreased production of urine, we will find that aconite will give more brilliant results than if only one of its indications be present. It has been my custom in selecting remedies to favor the one answering to the greatest number of indications present.

Among the commoner indications in lung diseases we mark the following:

Fever: Pulse, frequent, tense—aconite; sharp, quick—gelsemium; full, bounding—veratrum.

Skin: Dry, hot with chilliness—aconite; capillary stasis—belladonna; prostrating night sweats—hydrastis; dry—*asclepias*.

Mental condition: Dull—belladonna; delirium—hyoscyamus; insomnia—passiflora; excitability, contracted pupils—gelsemium; excitability in neurasthenics—piscidia.

Dyspnœa: Due to passive congestion—the indicated heart remedy; due to spasm of bronchioles—first morphia, then grindelia; due to emphysema—conium mac.; due to excessive involvement—oxygen; cause unknown—quebracho.

Hæmoptysis: From bronchial hemorrhage—reduce arterial pressure with remedy indicated by pulse—lead acetat.; in pneumonia—carbo ligni.

Pain: Internally—bryonia in first stage of pleurisy—morphia in small doses when above measure fails; piscidia for vague pains throughout chest; macrotys for muscular pains; salicylates for pain on deep inspiration not attributable to dry pleurisy. Locally—Kaolin poultice, turpentine stupes, mustard plaster, dry cupping; frontal headache—bryonia; increasing weakness, general chest pains—phosphorus.

Cough: Short, harsh, hacking, painful—bryonia; tickling, acute and chronic—rhus tox.; spasmodic, painful, secretions free—codeine; spasmodic, little secretion—dilute H. C. N.; night cough in phthisis—piscidia; whooping cough in nervous children—bromides; reflex from g. u. or stomach—macrotys; wheezing, tight chest—sticta; explosive, spasmodic—drosera; when confined to upper air tubes—potass. bichrom.

Exudate: Serous into lung or pleura—bryonia; too slowly resolving after consolidation—quinine; thick, tenacious—ammon. carb. or ammon. mur.; stringy—sanguinaria; scanty, hard to raise—lobelia; excessive, of long standing—turpentine.

Sputum: Profuse, thin, glary—eucalyptus; profuse, thick—pinus.

Heart: Asthenia of right side—nitroglycerine; general exhaustion after consolidation—strychnine; pulse frequent, open—digitalis; previous weakness in children or aged—xanthox (covers most acute conditions also); progressive weakening—alcohol; sudden collapse—camphor; sudden collapse, arrhythmic, weak, rapid in chronic lung disease—ammon. carb.

Items from the Field of Neurology.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

Bryant in the N. Y. M. J. calls attention to the prodromal nasopharyngitis, the numerous abortive cases with nasopharyngeal symptoms alone, and the spread of the disease by association with either simple nasopharyngitis or complicated paralytic cases. He thinks that in epidemic poliomyelitis, as in cerebrospinal meningitis, lobar pneumonia, true influenza and diphtheria, the symptoms remote from the nasopharyngitis are not really pathologic entities of the disease itself. They are to be considered in the light of complications. The disease proper in contradistinction to the sequelæ is amenable to local pharyngeal hygiene. In time of epidemic poliomyelitis all cases of nasopharyngitis should be regarded with suspicion and treated promptly.

An interesting case of paresis is reported by Gordon in his paper read before the Pennsylvania State Medical Society. A middle aged

man fell down in a cellar. There was no loss of consciousness. On the next day his speech was so much affected that he could not be understood. Soon a tremor of the hands made its appearance. The speech became more distinct, but it was slow and the "r's" and "m's" could not be pronounced without difficulty. The rapidity with which the symptoms developed were astonishing. At the end of three weeks he presented the typical picture of paresis. The mental manifestations consisted of a marked depression and total indifference to conventionality. He would urinate and defecate in presence of people and was extremely unclean about himself. Subsequent course proved the diagnosis to be correct.

The absence from the Eclectic medical literature of a comprehensive practical work on nervous and mental diseases—one adapted to the needs of the general practitioner, as well as those of the student, has led us to believe that there is a need of such a book—and it is now in preparation by the writer.

Insanities due to inherited or acquired mental instability, often show a one-sided evolution of the mental faculties and can be traced to anatomical abnormalities in quite a few cases, such as defective or malformation of the cranial bones, with imperfections in the brain structures. These should not be confounded with idiopathic psychoses.

The knee jerk is frequently sluggish or lowered in activity in the depressive forms of insanity, especially the anaemic melancholia, on the other hand, in the anaemic manias, lactational insanities, or post-febrile affections, an exaltation can often be demonstrated.

Never use hypnotics longer than is absolutely necessary; the after effects are not readily controlled.

In a proportion of cases of mania, there is a tendency to wander away from home (*mania errabanda*), to join shows, traveling caravans, to become tramps, etc.

In the *Gaz. des Hopit.*, Variot and Lecomte report a case of congenital word blindness, for which they propose the term "typhlolexia congenita." The patient was a boy of 13 years, apparently normal in intellectuality, except that he could not read or understand printed words, despite the fact of excellent and numerous teachers. His visual memory for other things than printed words was good, and on an outline map he could draw in all the rivers and

mountains and locate the leading cities without trouble. Evidently, his reading center is insufficiently developed. Like other cases, he was more strongly "auditif" than "visuel."

A diagnosis of epilepsy at the earliest possible stage of its development is essential to a successful treatment. Convulsions, from any cause, at any age are not to be regarded as of slight significance, but the possibility of the development of epilepsy in every case must receive careful consideration.

A patient complaining of craft palsy should undergo a thorough physical examination. The thorax, abdomen and urine should be examined; some times a slight albuminuria or glycosuria will afford the key to the problem.

Hysteria and dyspepsia are often hopelessly intertwined. The ordinary stomachic drugs such as bismuth, bicarbonate of soda, rhubarb and the like, are then useful; nux vomica and iron as soon as they can be given. In severe hysterical vomiting it may be necessary to feed by rectum, but as a rule, some food is retained by stomach and it is wise to insist upon feeding by the mouth.

There are more homicides committed or attempted by those who hear "voices," than by any other insane persons, and many of these are morbid impulses. Many such persons appear to be sane in every other respect, to fulfill the duties of life and pass as sane. The voices do not trouble them always, there are periods of remission, and at all times they carefully conceal that they hear those voices.

On no subject do authorities differ more widely than on the connection between insanity and uterine disease, with which may be coupled all the disorders of the ovaries and ovulation. At a meeting of the Medico-Psychological Association, a discussion took place upon it, and views were stated which ranged from Spitzka's which was quoted, that even the grossest lesions of the female generative organs are not competent by themselves to affect the mind so as to produce insanity, to that of Newington who claimed that the whole of insanity of the female sex is more or less connected with the sexual relations. In my opinion there can be no doubt that there is connection between the nervous system and the sexual organs, and the furious erotic excitement which is found continually in cases of acute mania, clearly proves it, and proves also that the sexual symptoms are the result of brain excitement and not the cause; when the latter subsides, the symptoms vanish.

The treatment of cerebral apoplexy due to rupture of a blood vessel, is very unsatisfactory if medication is delayed until after the occurrence of the stroke. In other words preventive treatment is most important.

Water is a very necessary part of the diet of neuropaths, although unfortunately it is not partaken of by the vast majority in sufficient quantities. This is especially true of women who from fear of becoming fat, or from lack of thirst, due to insufficient exercise, rarely will take water.

The first question to be asked in treating neuralgia concerns the cause, for upon this our therapy will largely depend, and here we must give due weight to what is known as etiological indication.

About twenty-four per cent. of all cases of insanity are ascribed to moral causes, among which are classed domestic troubles, grief over death of friends, business worries, anger, religious excitement, love affairs, fright and nervous shock. The percentage is greater in women than in men. Some acute psychoses may suddenly be developed by fright.

Senile insanities manifest themselves in many forms—melancholia, mania, incoherent paranoia, dementia, modified somewhat from the common types by the weakening of the cortical functions.

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Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Hypodermic Use of Plant Remedies.

Some of the younger graduates, and a few other men who have recently affiliated with the Eclectic school of medicine, seem to think that they have discovered something new and worthy of enthusiastic heralding in the hypodermic use of vegetable remedies. Even in the call for a meeting of an Eclectic society confirmation of the fact that such a supposition exists is to be found, but such a belief affords evidence of a lack of knowledge of the history of the progress of Eclectic medicine. A little attention to this history will reveal many things of interest, not the least of which will be the fact that at times we have been misrepresented by the isms and unusual notions of notoriety-seeking individuals.

In the hypodermic exhibition of our remedies we secure and control a potent power of great usefulness in emergencies. It is a method of medication especially adapted to the treatment of severe cases of croup and diphtheria, and in these diseases it is often life-saving. In cases requiring prompt emesis it constitutes an invaluable procedure, and in all cases where medicines cannot be efficiently employed in the usual way it is justifiable. It is, however, far from being a new means of treating the sick. Plant remedies were administered hypodermatically by Eclectics more than a third of a century ago, and in cases requiring rapid work they have always regarded this method as a most invaluable one. In the ordinary practice of medicine, however, it is an unnecessary and uncalled for procedure to which very few educated and refined people would be willing to submit. Foreign born persons of the lower classes might stand it, but an American young lady, reared in a refined home, who happened to have a slight attack of colic, resulting from a dietary error, would hardly be anxious to have a hypodermic needle pushed into her abdomen or buttocks, and the doctor who attempted to do such a barbarous thing should deem himself fortunate if he reached the street with an unbroken neck.

The hypodermic use of many of our indigenous antispasmodics was in vogue for many years, and began soon after the general introduction of the hypodermic syringe. Dr. Younkin, and a number of other Eclectics, administered plant remedies hypodermatically more than thirty-five years ago, and a quarter of a century ago the hypodermic use of gelsemium, in doses of ten and fifteen drops of the specific medicine, constituted my favorite method of treating hysterical and some other convulsions. I also at that time used gelsemium and a few other remedies in this manner in the cases of nervous women who had acquired the habit of faking unconsciousness. I now call to mind the case of a "high-strung" school teacher. She had returned to her boarding house after having had a very uncomfortable day with some troublesome pupils, and immediately retired. Late in the evening she was found in what her friends thought to be an unconscious condition. I was at once called to the house, and after a careful examination became convinced that she was trying to secure sympathy by alarming her friends. I made all of the usual tests, but she "made no sign," and so I thought I would try something likely to be new to her. The new test consisted of injecting fifteen drops of specific gelsemium into her buttocks. Was it effective? Well, yes, it was; and as I write it seems as if I can hear the vile names she flung at me. Later on she became reconciled to my remaining on earth, but there was left a past that could never be bridged over.

A Universal Prescription.

One who is a regular and attentive reader of a dozen or more medical journals is very likely to observe many things worthy of notice, but it is not often that he finds a prescription which, divided into its component parts, would constitute a fairly good working *materia medica*. The following, however, would seem to come very near answering such a purpose:

℞ Skunk cabbage, sassafras bark, clevers, each $\mathfrak{z}\text{iv}$; mandrake, fringe tree, mother-wort, spearmint, senna, liquorice, each $\mathfrak{z}\text{viii}$; fennel seed, coriander seed, anise seed, each $\mathfrak{z}\text{ii}$.

The author uses this prescription in the treatment of liver and kidney diseases, and says that he has "yet to find anything better" for the purpose. When we consider the therapeutic action and power of the drugs named it would seem as if the writer could have safely added "or for the treatment of the larger part of all known diseases." In the employment of drugs we should always have a definite reason for their administration, and when using combinations, a definite idea of what we expect to accomplish with each individual remedy. It will not do to say that we expect a combination of drugs to act as one remedy, for it will not do so. Each drug will act on the part or function for which it has a special affinity. Were this not the case the practice of medicine would be a mere gamble.

Now let us see what action we can reasonably expect from the principal drugs given in the foregoing prescription, taking for our authority a recent work on Eclectic therapeutics:

SKUNK CABBAGE.

This agent possesses expectorant and diaphoretic properties of some value. It has been employed in chronic bronchial irritation with satisfactory results, and in chronic coughs it is deemed a remedy of usefulness. Asthma and phthisis have also been relieved by its exhibition. Skunk cabbage has a specific influence over the cutaneous exhalations, causing a relaxed and softened state of the skin, a determination to the surface and a gentle perspiration. It promotes the secretion and expectoration of bronchial mucus, and is, therefore, a remedy of service in the treatment of pulmonary affections.

SASSAFRAS BARK.

Laurus Sassafras is diaphoretic, antiseptic, alterative and stimulant. It is usually employed as a means of exciting the capillary circulation of the surface in both acute and chronic exanthematous fevers. In variola, rubeola and scarlatina some physicians think it a valuable remedial agent. It is thought to act specifically upon

these diseases, and in cases of retrocession of the eruption, or when slow in making its appearance upon the surface, or when it is imperfectly developed, it has been employed with advantage to the patient. Sassafras has been used in rheumatism with good results, and in venereal diseases it has been administered in combination with other remedies. It is not, however, a very energetic drug. The powdered bark was at one time used as a local application in indolent and gangrenous ulcers.

CLEVERS.

This is an excellent diuretic, sedative and refrigerant. It is not adapted to torpid and debilitated states, but in all other conditions in which these properties are required it is a very useful remedial agent. In rheumatic and other fevers it markedly increases the flow of urine, and in dysuria its action is promptly curative. It relieves the suffering from scalding urine accompanying gonorrhea, and in calculous conditions it is employed with satisfaction. In acute nephritis and in cystitis clevers lessens inflammation and diminishes acidity of the urine.

MANDRAKE.

This indigenous plant remedy is an energetic cathartic and alterative. It is a valuable cathartic in many fevers, but it should be employed in small or medium doses, as in large doses it acts as an emetocathartic of a very unpleasant character. It exercises a special influence on the liver, and acts powerfully on that organ and the portal circulation. Mandrake constitutes a superior medication in intermittent and remittent fevers, and is also a very efficient remedy in many inflammatory diseases. In torpor or congestion of the liver, in jaundice, and in many derangements of the hepatic function, it is used with gratifying results. In torpor of the secretory organs of the body it exerts a corrective influence, and in dropsy arising from visceral obstruction it is often useful. Mandrake is specifically indicated when there is fullness of tissue, full veins, full abdomen, full tongue which is dirty from base to tip, heavy headache and dizziness. In the absence of all of these indications this drug is likely to do more harm than good.

FRINGE TREE.

This agent is a good alterative, laxative and diuretic. It exerts a specific influence upon the liver and spleen, and is used with much satisfaction in jaundice and biliary calculi. In hepatic colic it is employed with advantage, and in chronic splenitis it is a remedy of usefulness. In any disease, regardless of name, fringe tree will prove of value when any of the following indications are presented: Skin resembling copper in color, but shading a little more on green; yellowish or greenish discoloration of the eyes.

SPEARMINT.

In the incipient stages of the milder forms of fevers, and in other diseases accompanied with nausea and vomiting, or an irritable state of the stomach, spearmint often constitutes a useful medication. In flatulent colic of a mild form, and in spasm of the stomach and bowels, it acts well as a stimulant and carminative. It has also proved useful as a diuretic in suppression of urine, strangury, passive dropsies and other abnormal conditions of the urinary organs. Spearmint is a stimulant, diuretic, diaphoretic, emmenagogue, anthelmintic, antispasmodic and carminative, but it is not a remedy of great power.

MOTHERWART.

This indigenous plant constitutes a useful emmenagogue, nervine antispasmodic, tonic, diaphoretic and laxative. Its tonic properties are well adapted to debilitated and relaxed states of the system, and its antispasmodic and nervine properties render it an appropriate and valuable remedial agent in chorea, hysteria, mild forms of convulsions and other derangements of the nervous system, especially when associated with uterine irregularity or obstruction.

SENNA.

This is an efficient cathartic, and one which produces copious alvine evacuations. It causes tormina, but this unpleasantness can be overcome by combining it with manna, or by adding bitartrate of potassium or aromatics. The tendency of this drug to irritate the gastro-intestinal mucous membrane renders it objectionable in cases where a predisposition to that state exists. It is beneficially employed in febrile and inflammatory diseases, and in bilious colic it often gives prompt relief. It has been recommended in apoplexy, hemiplegia and coma, owing to the energetic impression it makes on the intestinal nerves, arousing their sensibility and exciting a derivative influence.

ANISE.

This is a good remedy in some cases of flatulence and especially so in flatulent colic of infants.

LIQUORICE.

This is a mild demulcent of some usefulness in acute inflammatory affections of mucous membranes, especially those of the respiratory organs. It is also used to give flavor and modify the action of some other remedies, such, for instance, as acrid stimulant expectorants.

FENNEL SEED AND CORIANDER SEED.

These agents are good aromatics and carminatives.

While but a few of the abnormal states have been mentioned in which the drugs contained in the foregoing prescription could be

used with advantage, enough has been said to evidence the fact that judiciously employed they would enable one to successfully treat a large number of diseases.

Acute Nasal Catarrh.

BY ELMER SOTHORON, M.D.

About six months ago a girl of 17 consulted me relative to an acute attack of nasal catarrh from which she had suffered for several weeks. As was my custom I sent her to the leading nose and throat specialists of this city.

After several weeks the girl returned to my office in company with her mother. She complained that her condition had grown steadily worse, that when she "blew her nose" there was considerable hemorrhage from the membranes. When I examined her nose I found both the anterior and posterior nasal passages inflamed and raw. The membranes were so badly swollen that the passage was completely closed up. I explained to the mother that in sending her daughter to the specialist I had done the best I knew how.

I had a sample bottle of Glyco-Thymoline on hand and knowing it to be a powerful deodorizing agent and the discharge from the girl's nose being so very offensive, I gave her the sample of Glyco-Thymoline, also a K. & O. Douche and instructed her to use a 50% solution in the nose four times daily but held out to her no hopes of a cure.

Within about two weeks the girl returned to my office and upon examining the nose I found the entire passage to be in a normal condition. Glyco-Thymoline had done the work unaided and beyond my most sanguine expectations. I expected a palliative treatment and a curative effect was obtained.

It is my belief, and cases subsequently to the one above cited bear me out in my contention, that in the early stages in the treatment of inflamed conditions of the nasal and post-nasal passages when there is marked congestion Glyco-Thymoline should be used in a 50% solution.

Washington, D. C.

A pleasant letter from Dr. William H. Hawley of Penn Yan who is 86 years old says that he enjoys the REVIEW and that he is a firm believer in its principles.

The registrar of records, New York City, reports the lowest death rate in its history in 1910.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Louisville, Ky., in June, 1911. J. A. Munk, M.D., president; W. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1911. C. W. Brandenburg, M.D., president; E. H. King, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. C. Lloyd, M.D., president; H. Harris, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. James Moran, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton Street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes Street, Brooklyn. A. B. Wolf, M.D., secretary.

Eclectic Medical Society of the State of New York.

302 Sumner Avenue, Brooklyn, N. Y., January 16, 1911.

Dear Doctor:

The fifty-first annual meeting of our Society will be held at Albany, N. Y., Wednesday and Thursday, March 29 and 30, 1911.

As your secretary, I ask that every member attend this meeting, for there is much of importance to be presented that demands the united action of our Society.

Our chosen school of medicine has been more than successful during the last year and our remedies have received endorsement by many outside our fold. The hypodermatic method of medication of many of our remedies, has opened up a field for thorough research and new indications have been found for the true and well-tried remedies.

Never were we so well organized as to-day and our National Society, to-day, stands upon a solid rock as a potent weapon to protect our interests and defend our principles. But we must not let this good work lack support; every member should take upon himself or herself a share of responsibility and strive, at least, to attend the annual meeting, as a united force is our best defense.

We ask you to prepare an essay upon an important factor or remedy in the Eclectic treatment of disease.

Very sincerely yours,

C. W. BRANDENBURG,
President.

WILLIAM L. HEEVE,
Cor. Secretary.

Eclectic Medical Society of City and County of New York.

The regular monthly meeting of the society was held in the college auditorium, January 20th, President Lloyd presiding. The minutes of the previous meeting were approved as read.

Dr. T. D. Adlerman, on behalf of the National Health Law Committee, reported progress, as did also Dr. Favorini on behalf of the Greely Celebration Committee.

On motion by Dr. Hardy the recording secretary was appointed a committee of one to revise the constitution and by-laws of the society and to present it for approval at as early a date as possible.

Dr. Heeve, on behalf of the Literary Committee, reported that the name "Citcelce" had been decided upon as the trade name of Eclectic wash. It will be marketed in four, eight and sixteen ounce bottles. Literature on the subject will probably reach the profession within three weeks.

Dr. Hyde read an essay on "Intestinal Obstruction" which was discussed by Dr. Heeve who reported several cases from his own practice. One particularly interesting case was caused by the ingestion of dried fruits which subsequently swelled, thereby occluding the lumen of the bowel.

Among the devices used by him for forcibly inflating the bowel to remove intussusception are a seltzer siphon attached to a rectal tube, a pneumatic pump (such as is used to inflate automobile tires) using a pressure of about 20 lbs. He has found the following enemata useful: Milk, molasses and soapsuds equal parts; crude oil; increasingly hot water. He has seen beneficial results follow the hypodermic administration of magnesium sulphate (chemically pure) and physostigmine. When these measures fail the only resource left is surgery.

Dr. Pearlstien recommends the use of the sinusoidal current followed by mild vibration in chronic obstruction. An enema of equal parts of glycerine and olive oil has given him gratifying results in several acute cases.

Dr. MacDermott called attention to the importance of the knee-chest position after enemata in loosening fecal impaction.

Dr. Harris reported a case of intestinal obstruction in a woman, pregnant seven months. Autopsy showed a cancer of the transverse colon.

Dr. Lloyd reported a case of partial obstruction of many years' standing. The case was operated upon in the Massachusetts General Hospital where a sack was found walled off from the lumen of the

bowel and encroaching upon it. Upon being opened this sack proved to be filled with cherry and prune pits.

On motion a unanimous vote of thanks was tendered to Dr. Hyde, whereupon the society adjourned.

H. Harris, Secretary.

Kings County Eclectic Medical Society.

The eighteenth annual meeting of the Kings County Eclectic Medical Society was held on Monday evening, February 13th, at the Hofbrau House, Fulton street, Brooklyn. There was a fine attendance of members and a very large delegation from the New York Eclectic Medical Society.

In opening the meeting President Theodore D. Adlerman addressed the members as follows:

Ladies and gentlemen, fellow members of Kings County Eclectic Medical Society, it is with more than ordinary pleasure that I greet you again and bid you welcome to this our eighteenth annual session, and as President of same it becomes my duty to address you upon questions pertaining to our home society and to the progress of Eclecticism in general.

It is two years since you have honored me by electing me as your presiding officer—and the two years have been associated with quite some labor and pleasure. Will you now permit me to call your attention to some facts which require deliberation and some action on your part.

Out of 60 Eclectic physicians in the Borough of Brooklyn, only 20 belong to the Kings County Eclectic Medical Society. A few of these have been interviewed, some were written to, but up to today the work of this society has been carried on by your secretary, your president, and by one former president only. It is quite natural that the results as to obtaining new members are not quite satisfactory, and I would therefore appeal to every member of this society to exhibit more interest in his home society to strengthen it by his or her presence on all occasions and that each and every one of you constitute yourselves a committee of one to interview these other 40 Eclectic physicians whenever and wherever possible and help to bring them into this society and thereby strengthen and increase its usefulness. I would recommend that a standing committee of 10 be appointed, whose duty it shall be to constantly watch and work for new members.

I must also call your attention to the fact that in his recent message to Congress President Taft expressed himself in favor of a National Health Bureau, saying that the government ought to be

trusted not to allow this Health Department to give advancement to one school of medicine over the other. Gentlemen, I view these remarks with great apprehension, coming as they do from the executive head of the nation. In my opinion we must protest against such remarks. We have enough laws, enough departments, enough restrictions, and pretty soon, in this free country of ours, we will not be able to sit down, or to stand up and turn around without transgressing some laws made up from some ulterior motives and for the benefit of the few. I therefore recommend that a committee of three be appointed to draft resolutions, protesting against the remarks of President Taft, and the resolutions be published in the Eclectic and public press and sent to members of Congress.

The future of Eclecticism, and the Eclectic School of Medicine, gentlemen, in this great State is one that concerns you all. With your alma mater you will stand, and with your alma mater you will fall; none of you is greater than the school that graduated him. The influence of this school ought to spread, and you must assist in the work in every way. Some of you can limit this assistance to two words: "get students;" and these you must obtain—new blood must be infused, as it is of utmost necessity that we increase the force of Eclectic practitioners. You must all strive to this effect and each and every one of you ought to have at least one student in your New York college every season.

True reform, gentlemen, whether in medicine, politics, religion, or whether affecting any other question in life, moves slowly, but if it is true, and you all help, the truth must prevail and Eclecticism will come to its own. I think the time of "stand pat" or "let well enough alone" has passed, and we Eclectics must assume the aggressive, we must drop our defensive methods, we must advance and fight and demand equal recognition in every State institution, hospital or insane asylum. We are fully able to take charge of such tasks and duties, we have the men, and we have the system of medicine. As physicians, citizens, and tax payers, we must demand and receive wards in hospitals for the Eclectic school, same as accorded to the allopathic school. "The powers that be" cannot refuse, they cannot bring forth a single reason why we should be excluded from such public institutions, there is no more reason in allowing the allopathic physicians to dominate all our hospitals, than there would be in excluding the Catholic or the Jew from holding public office on account of his religion, and Eclecticism is our religion, it is our faith, we believe in it, and we will fight for it, and if refused our just representation in all hospitals, we must carry the fight to the highest courts of the State and county. Gentlemen, let me thank you all for your courtesy extended to me through these two years

that you have honored me with the presidency of the Kings County Eclectic Medical Society. While the task has been one of labor, it has also been one of pleasure. I thank you.

This address was received with a great deal of enthusiasm and the following papers were then presented and discussed:

"Tetanus," by Lewis Lanzer, M.D.

"The Use and Abuse of the Vaginal Douche," by M. B. Pearlstien, M.D.

"An Insanity Type," by Theodore D. Adlerman, A.B., M.D.

"606 and Dr. Ehrlich," by D. Alperin, M.D.

The society then attended to its routine business after which an elaborate banquet was served. The March REVIEW will contain the names of the newly elected officers and some of the papers read at the meeting.

Beachonian Meeting.

Another successful "open meeting" of the society was held on January 26th. The speaker of the evening was Dr. G. W. Thompson, whose praise to sing would be a futile effort, since his words and deeds ever go beyond what a description of them might accomplish. The theme of the address was "Selfishness and Unselfishness;" the doctor dwelt on the curse of selfishness and showed that however detrimental effects it may produce for the individual and his fellow men, nevertheless good may come from it ultimately; the financier, philanthropist, and politician having in mind only their own personal benefits, putting their own self foremost, and holding their own names up to the people, are but so many proofs of how lives should not be lived, thus constituting an example for those that follow, and inciting in them a mindfulness of the necessity to travel together toward the same bourne and ideal of unselfish service. It was the ideal in our cause that has led the founders of this society along unselfish paths, and in this manner has made it possible that its valuable library exists today, which the members are enlarging.

It may be well to mention here that a special fund has been created to which the members contribute voluntarily, and from which new books are to be bought.

It is inspiring of success and speaks well for the society to see how the faculty and the students are working together for our cause; the distinction between superiors and subordinates falls away in the meetings, at which the families of the professors participate equally with the students and their friends. Borne by such spirit of unselfish co-operation the society will fulfil the aims of its founders.

Selections

Those Coughs That Hang On.

Few conditions prove such a source of worry and annoyance to patient and physician during the cold months as those obstinate coughs of bronchial origin. Not only is the cough a great bother, but if not checked it is not unusual for a graver state—such as a pulmonary tuberculosis—to follow. For the relief of “those coughs that hang on,” Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is a favorite remedy with thousands of practitioners. It takes the edge off the cough, soothes the irritated mucous membrane, and so builds up general health as to increase markedly the bodily resistance to other and more serious diseases. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is a potent yet palatable cod liver oil preparation.

Winter Weather Suggestions.

The great prevalence of coughs, at present, especially those of grippal origin, makes it not amiss to present a suggestion and a remedy. In place of remedies which always dry up expectoration, disturb digestion, cause constipation, and render the patient uncomfortable and drowsy, it is desirable to employ the extremely efficient and popular cough sedative, Antikamnia and Codeine Tablets. This remedy relieves cough by its soothing effect upon the air-passages, but does not interfere with expectoration, and, in fact, renders it easier by stimulating the respiratory muscles. Only a very small dose, one tablet, every one, two or three hours, for adults, is required to produce a satisfactory result. One on the tongue when retiring will greatly relieve night-coughs.

Elixirs de Luxe.

Parke, Davis & Co., announce some important improvements in their line of medicinal elixirs, a line numbering more than one hundred and twenty-five preparations and highly esteemed by physicians on the score of therapeutic excellence. The improvements cited are in manufacturing processes, in the interest of palatability, permanence and physical appearance. They are set forth at some length in the current issue of *Modern Pharmacy*, from which these interesting extracts are taken:

“Three or four years ago, in the gradual development of our scientific staff, we secured the services of Professor Wilbur L. Scoville, a pharmacist well known to the country and a man pre-eminent in the field of what has been termed pharmaceutical elegance. Professor Scoville may well be considered an artist in ques-

tions concerning odor, flavor and appearance of galenicals. The first task assigned to Professor Scoville was to go systematically and patiently through our entire line of elixirs—regardless of what other workers had done before him, and regardless of what changes were under consideration at the time. He was given *carte blanche* to go ahead and suggest any modifications and improvements which seemed to him necessary.

“Professor Scoville at once began an exhaustive series of experiments which took him nearly three years to complete. He went over the entire line, improving here the flavor, there the color, elsewhere the odor, and in other instances the permanence of our products. How well he succeeded may be seen by comparing any one of our elixirs with others on the market. It is our honest opinion that there is no other line of elixirs in the United States to-day possessing an equal degree of therapeutic efficiency which will stand up on the druggist’s shelves and retain their physical properties and clearness so long as Parke, Davis & Co.’s. * * *

“During this three years of work we have made hundreds of experimental lots which have been kept under observation for a period of from six to eighteen months. The experiments have included such things as increasing and decreasing the percentage of alcohol, noting the effects of different solvents upon the stability of the elixirs, the increase and decrease in the proportion of the sugar present, and the effects of acids. We have studied the effect upon permanence of the elixirs of using fluid extracts or percolating the mixed drugs direct. The matter of aging and also the use of refining agents such as egg albumen and similar proteid matters have been tested out. The essential oils and perfumes employed have been subjected to careful criticism; many of these have been changed with the idea of getting a better blend or a more agreeable flavor.

“We might sum it up by saying that we have attempted first to make our line more stable; secondly, to improve the physical properties which appeal to the eye; and thirdly, to improve the flavors which appeal to the palate. But we want it understood that in making these improvements we have not in a single instance sacrificed the medicinal activity of the preparation.”

Ergotole.

We Eclectics demand more from the manufacturing chemist than any other school. We demand the *best*. Nothing else will satisfy our needs. While the chief reason for our success in treating disease is our knowledge of what to prescribe and how to prescribe it, it is undoubtedly true that the high quality of the drugs we use is another good reason why we so often succeed where others fail. That is why so many Eclectics use Ergotole. It is one of the sure

things in medicine. It is assayed to a fixed standard. Each minim contains everything of therapeutic value in two grains and a half of the finest selected ergot. All of the inert substances in the drug in its natural state are removed during the process of making and purifying the preparation, leaving only the real drug value in the form of active principles. If there are any medical readers of the *Eclectic Review* who do not know ergotole by practical bedside experience we suggest that they at once write to Sharp & Dohme at Baltimore for a free sample and literature giving good scientific reasons why it is America's Standard Ergot.

Book Reviews

Leucorrhoea and other varieties of Gynæcological Catarrh. A Treatise on the Catarrhal Affections of the Genital Canal of Women; their Medical and Surgical Treatment. By Homer Irvin Osstrom, M. D. 179 pages. Cloth, \$1.00. Postage, 6 cents. Philadelphia. Boericke & Tafel. 1910.

This is a valuable little book upon an important but much neglected condition. Its peculiar classification "based upon the character of the discharge" and the repertory, which is very complete, make it an important and valuable ready reference book.

Extracts from Lectures on Therapeutics. By George W. Boskowitz, A. M., M. D., delivered at the Eclectic Medical College of the City of New York, Session 1909-10. Compiled by Victor von Unruh. Printed by courtesy of F. A. Greene, M.D. Price, \$1.00.

I have read this valuable little work of 92 pages with interest and profit. It well represents the gist of Professor Boskowitz's able and thorough lectures on therapeutics. Professor Boskowitz always had the faculty of doing his work ably, effectively and thoroughly; and also of getting next to his students in such a way as to make it almost impossible for them to fail to comprehend and thoroughly assimilate his instructions. The compiler and printer have done their work in an excellent manner, and the book is absolutely certain to prove of great usefulness to Eclectic students. J. W. F.

The Testimony of the Clinic. By E. B. Nash, M. D. 209 pages. Cloth, \$1.50. Postage, 6 cents. Philadelphia. Boericke & Tafel. 1910.

This is an interesting little book and Dr. Nash handles his subjects well. A very close observer, he selects the single remedy and in this "testimony" he plainly shows its application according to the law of Homeopathy.

Principles of Public Health. A simple text book on hygiene presenting the principles fundamental to the conservation of individual and community health. By Thomas D. Tuttle, B. S., M. D. Secretary and executive officer of the State board of health of Montana. Yonker-on-Hudson, New York. World Book Company, 1910.

This book, written for the public school child, presents the subject very clearly, concisely and in language that the child can grasp. Parents and guardians would also be benefited by its perusal.

NEW WORLD SCIENCE SERIES.

Primer of Hygiene. By John W. Ritchie, Professor of Biology, College of William and Mary, Virginia, and Joseph S. Caldwell, Professor of Biology, George Peabody College for Teachers, Tennessee. Illustrated by Karl Hassmann and Hermann Heyer. Yonkers-on-Hudson, New York. World Book Company, 1910.

This book, as its name, implies, is a Primer of Hygiene. Like its companion book, "Principles of Public Health," published by the same company, it is presumably written for the child, but its lessons can be well shared by most adults.

Items

Read the advertisement of Von Unruh's notes on Boskowitz lectures.

Merck & Co. have removed their offices from 8th Street and University Place to 45 and 47 Park Place, New York City.

Prepare your paper for the State Society. Remember the meeting is much earlier than usual and will be held in Albany.

Dean Hardy reports a most interesting session and has added Dr. G. C. Young of Washington, New Jersey, to the teaching staff.

A beautiful little booklet entitled "Posological Hints" has been issued by "The Fellows Co. of N. Y." (Fellows Compound Syrup of Hypophosphites) and is to be had for the asking. It is wonderful the amount of information it contains and in such short form. It should be on the desk of every physician and may save many a minute in looking up things in the bulky dispensatory or pharmacopœia. Write for it and get a copy. There is a great deal of good information in it and it is worth having.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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NO. III.

Our Good Fortune.

We are pleased to record, and the many friends of the school will be delighted to learn that the College has been presented with a check of \$1,000 to meet the annual expense; and although the donor has not given us an endowment of \$25,000, we believe that for a number of years to come we may expect from the same source a donation just as liberal—at least, such a statement accompanied this gift. To us, this virtually means an endowment. To this end we have been working many years, and to this beginning the additions cannot come too thick or too fast.

The State Meeting.

No doubt at this time you are making your final arrangements so you can go to our annual convention at Albany, N. Y., March 29 and 30, 1911.

To us the importance of this meeting is no less than others that have passed. From the inception of our organization in 1860 to the memorable meeting of last year, celebrating fifty years of work, we are proud to note the valuable medical knowledge which our society has added to the science and art of healing.

Let us continue to pay tribute to the memory of those who laid the deep foundations for our School of Medicine, by attending the meeting at Albany in full force of membership, so that our transactions may propagate the knowledge of our system of *Materia Medica Therapeutics* to which the Eclectic Fathers were devoted. To those who made it possible for us to acquire instruction in an Eclectic Medical College, we should commemorate their earnest service to our cause by our attendance at this annual assembly.

To those guiding stars of our school, who have never failed in their loyalty and have kept our State Society intact for one-half century, not because there was glory or personal reward, but modestly and reasonably because it was right and they knew it was their duty, we may honor their memory and at the same time give careful attention

to the important business of our society. By your presence you will assist in the great movement to make the old medical world better.

Let us add new impulse to our endeavor by giving more time to writing our opinions and experiences in practice for our meeting. This is the occasion for interchange of ideas, opinions and suggestions among our members and visiting friends.

If you have not the time to write a long article or formal essay, bring a brief synopsis of some of your cases in practice, however formal, for this meeting will be a family reunion for discussion and of deep interest to our society and school of medicine in which all members and medical friends may participate.

Come with us and enjoy a delightful, interesting and profitable meeting.

Yours truly,

CHAS. W. BRANDENBURG, President.

Hints and Winnowings.

In a case recently brought before the Supreme Court of Illinois some decidedly advanced argument was submitted, and for the first time in the history of courts it was stated that there is a toxin of fatigue, which in extreme cases has been known to cause death.

The question involved was as to the justice of a certain law regulating the hours of labor for women. In presenting his argument the lawyer opposing the law in part said:

"The need for limiting excessive working hours for women is further emphasized by the most recent medical research, which has discovered that fatigue is due, not only to actual poisoning, but to a specific poison or toxin of fatigue, entirely analogous in chemical and physical nature to other bacterial toxins, such as the diphtheria toxin. It has been shown that when artificially injected into animals in large amounts the fatigue toxin causes death.

"The fatigue toxin in normal quantities is said to be counteracted by an antidote or anti-toxin, also generated in the body. But as soon as fatigue becomes abnormal, the anti-toxin is not produced fast enough to counteract the poison of the toxin."

In support of this contention a number of eminent physicians were quoted. The theory was first advanced by Dr. Wolfgang Weichardt in 1904, and since then has been confirmed and enlarged by Drs. Alfred Wolff-Eisner and Emil Roth. Dr. Weichardt, in explaining his discovery, said:

"I first sought for the toxin in the bodies of animals and in those which had been excessively fatigued I found it, not in the blood, but in the juices extracted from their muscular tissues.

When this was freed and injected into animals it produced symptoms of excessive fatigue and, in large doses, killed them."

In an editorial published in a recent number of *American Medicine* Dr. Lewis points out some of Mr. Abraham Flexner's interesting statements in regard to the alma mater of his brother Simon, and *Clinical Medicine* takes up a few of them as its text for a neat and breezy little sermon in which it says:

"Since Abraham Flexner, in his Carnegie Foundation report, has unsparingly castigated nearly all of the American medical colleges, Editor Lewis has had the curiosity to look up the scholastic maternity of Abraham's brother Simon, who, as everybody knows, is the distinguished director of the Rockefeller Institute. He was surprised (and pleased?) to learn that Brother Simon was graduated from the Medical Department of the University of Louisville in 1889, an institution about which Brother Abraham has said some very uncomplimentary things. Even in these modern days we are informed by the Carnegie-Flexner report that its laboratories are 'inadequate in appointments and teaching force'; that 'its plant is unequal to the strain which numbers put upon it'; that the clinical facilities are 'meager'; that a large attendance is 'necessary' and this 'large attendance implies a low standard.'

"We also learn that 'in the old days, Louisville with a half-dozen "regular" schools, was a popular medical center to which crude boys thronged from the plantations.' Can it be possible that our own and only Simon was one of those 'crude' boys? If the Medical Department of the University of Louisville is as bad today as the Carnegie Report paints it, with Editor Lewis, we 'shudder to think of it in 1889 if what Brother Abraham says about it is true.'

"There is an old epigram that we should 'praise the bridge which carries us over,' and even if Brother Simon does feel rather inclined to shy bricks than to send flowers to his alma mater, in deference to the proprieties we suggest that it might be advisable for him to put a muzzle on Brother Abraham.

"On the other hand, while it is not quite true that the college 'makes the man and the lack of it the fellow,' it may help wonderfully in shaping up the raw material—and hence, the better the college the better the man. Now, if Simon Flexner had been medically trained at Harvard or Johns Hopkins? But we leave the speculation to Editor Lewis."

As an evidence of what some doctors accomplish by adopting the sensational procedures of the mountebank, the work of Dr. Gruby, a Hungarian by birth and a Parisian by adoption, is in no-wise lacking. Throughout his long life he was a law unto his patients, and in many other ways a most remarkable physician.

He was noted in all the cities of France for his great success, as well as for his original methods of treatment. It undoubtedly was largely owing to those original, and many times fantastic, methods that he owed his wonderful popularity among the most intelligent classes of Paris. His power over his patients was almost absolute. In fact his influence over them was such that he was able, whenever he wished, to induce the most prominent men and women of France to walk up and down some of the famous and constantly traveled avenues of Paris a whole forenoon, and at specified points to swallow a prune while walking. The world-wide known Alexandre Dumas is said to have believed that he obtained great benefit from following Dr. Gruby's instruction to eat a green apple every day under a noted arch, after walking the distance ordered by the doctor.

The average medical student is very likely to regard the study of anatomy as a task in which many sources of discouragement are to be encountered. If he will give a few moments of thought, however, to the difficulties which surrounded the labors of the anatomy students of the olden days he will soon understand that the obstacles of which he complains are small indeed when compared with those which stood in the way of the great physicians of ancient times. Any history of medicine will tell him that Galen had to journey from Rome to Alexandria, in his day the great African medical center of the world, even to see a skeleton. He sent his students to the German battlefields to dissect the bodies of the national enemies, while he himself used apes as most resembling human beings. Even in comparatively recent times material for the study of anatomy was obtained with great difficulty. In 1765 Dr. John Shippen of Philadelphia was mobbed as a grave robber, and twenty-three years later doctors' riots occurred in New York as a result of the belief that medical students were continually robbing graves. It is therefore evident that students of those days had something more formidable than jaw-cracking names to contend with.

A journal writer says that the narcotic method of treating morphinism is the only humane one. Deprivation of morphine, even if very gradual, entails much suffering and makes it difficult for the patient to decide on an attempt at a cure, and also causes him to deceive the physician and take morphine during the treatment, thus defeating the desired result. The only method, says the writer, that is without suffering for the patient is the narcotic method, in which, by a judicious combination of drugs, the patient is kept asleep practically all the time that the morphine is being withdrawn. He says that the most stubborn cases can be cured without pain by this method.

Some writers in their efforts to get "close to nature" seem to believe that the Eclectic School, like Topsy, "jes' growed," or was founded by a few illiterate persons who, with no more knowledge of diseases and drugs than was possessed by most of the old ladies of New England in ye olden time, went tramping up and down the land noisily displaying their own ignorance. But, notwithstanding such representations, the fact remains that the Eclectic School of medicine had an honorable father and a legitimate birth. It was founded by Wooster Beach—a man who graduated at an Old School college in New York, and received a diploma in accordance with the laws of the State. In a letter to our honored Prof. John King, then a young man, Dr. Beach accused the Thomsonians of being "illiterate, conceited, arbitrary and selfish." In reply Dr. King in part said: "Thomsonianism and regularism must fall before the superior worth of the American practice [that is, the Eclectic practice], and I hope to see it triumphant, respected, honored and admired by all." In speaking of the then new practice of medicine, Dr. H. H. Porter, of Massachusetts, used the following words:

"The name of the illustrious founder, Dr. Wooster Beach, will be held in everlasting remembrance for having been instrumental in bringing out of chaos, as it were, a system of medical practice founded on rational and philosophic principles. To Dr. Beach certainly is due unbounded praise for his independence in publishing an able and useful scientific work on the new system of medicine, when the whole medical faculty were arrayed against him. He possesses more than the ordinary share of native talent and intellectual acumen, with keen perceptive faculties and great discriminative powers."

Medical Authority in America.

The followers of Samuel Thomson all felt the iron hand of medical authority. Though thousands died as a result of allopathic ignorance, that school obstinately refused to profit by the experience of others in a milder method of treating the sick; and blind to every human instinct which ought to have suggested tolerance at least, for others, it maintained an ever-watchful eye for opportunities to charge mal-practice against the early Botanics, and through subservient juries obtained indictment for manslaughter.

In 1837, authority trumped up a charge of manslaughter against one Dr. R. K. Frost of New York. It secured his indictment by a prejudiced grand jury, and unjustly, a petit jury sustained the charge.

Among the witnesses at the trial was Wooster Beach, the founder of Eclecticism, and a strenuous opponent of Samuel Thomson, though he did not stoop to persecute him.

Pausing for a moment to consider Frost's treatment of the patient whose death resulted in his indictment for manslaughter, we must admit that the heroic doses of lobelia which he administered, and the violent emesis it produced, were illogical and not good practice; but that it was superior and less dangerous to life than the allopathic treatment of the sick can not be doubted. However, allopathy then as now, did not hesitate to persecute and injure in every manner possible, every one who would not see things through its mental telescope. It wanted no rival in filling up those isolated plots of ground, commonly known as graveyards. It, like kings of old, had its commission of God, and by its attitude, even to-day one may be pardoned if he accuse it of arrogant assumption of infallibility.

It claimed, and not without justification, that Samuel Thomson was illiterate, uneducated, of the common people and therefore by a distorted corollary, must be devoid of sense or the ability to think. We must remember, however, that at that period in America, the vast majority of those who called themselves doctors were not bred of the schools. Learning was the possession of the few. Education, as we are pleased to term it, was a luxury and not to be had without money and without price. But Nature is a vast open book which all may read; about which all may think; and thought, correct thought, is not born in schools. Samuel Thomson, though illiterate, was not ignorant. Uneducated, he was no fool. He showed his ability to think by crystallizing his thought into definite form, which in his case forces us to make the distinction between illiteracy and ignorance, and proves that the power to think does not reside in the schoolman alone. Progress would have been utterly impossible had it been so ordained.

It is asserted that Samuel Thomson gained all his information, all his knowledge of drugs, from the New England housewife. So might it be, but we must not forget that Thomson was the first person to crystallize the housewife's knowledge into definite form and give it intelligent direction. He was the first man who dared oppose the self-constituted authority on medicine and hurl defiance in its face. We praise him for that if nothing else. Allopathy, learned though it might have been, was too ignorant, or if not too ignorant, then too mean to see its own imperfections, or to consider in the least the sacredness of human life. It would rather inflict upon a poor human being the tortures of the damned than admit it could be in the wrong or change its mode of treatment. Like the broad-nosed canine with the heavy bow-legs, it never loosens its grip of things until forced to do so by its master, the people.

The two instances of persecution of Samuel Thomson and R. K. Frost are here used to typify the attitude of medical authority toward every advance in medical practice at the time Eclecticism was gestating and soon to be born. Eclecticism, unfortunate perhaps, in name, but

powerful for the good of humanity; a practice of medicine at once logical to every mind not hemmed in by prejudice nor shriveled by bigotry; a practice of medicine kindly in its action, certain in its effects and safe to human life. As is the morning dew to the thirsty blades of grass, nourishing, sustaining and renewing their life, so has Eclecticism sustained the vital forces, and by its kindly ministration taken away the terrors of sickness; lessened human suffering and when death is inevitable, it has smoothed the journey toward the sunset of life by withholding that which increases suffering. Eclecticism put harshness aside. It stayed its hand from the administration of drugs which destroy the integrity of the body and fasten lifelong affliction upon the sick. It plugged the lancet from the doctor's saddlebags and sheathed it forever in its scabbard. It restored the slimy leech to its native habitation and the Spanish fly is now but a curious relic of torture, a dim reminder of a time that is past. All are silent but ineffaceable evidence of the evil which may exist in the combination of education, bigotry and intolerance.

Strange, indeed, is that something in the human brain which impels man to persecute his fellow-man simply because he would rather greet the rising sun than look for the last faint glimmer of his setting. Strange indeed it is, that the human race advances only in a deadly struggle of men with men for supremacy. But such are the facts, and it is this struggle of Eclecticism with allopathy with which the future articles on medical authority in America will deal.

Stephens.

The Walk in Diagnosis.

In diagnosis cases are numerous in which the walk as a factor has been neglected, and yet its peculiarities often tell a story of considerable diagnostic value. The difference in the manner of walking caused by different forms of nervous diseases, as well as by injuries to or changes in the bones of the human body is frequently very marked.

The walk of a patient suffering from hemiplegia is characteristic of the abnormal state. In using the affected leg the toe of the shoe is trailed on the ground, sometimes the outside and sometimes the inside, so that the shoe becomes worn in a very irregular manner. Frequently the shoulder of the opposite side is thrown outward at each step, so as to tilt up the pelvis of the affected side, and thus make it easier to continue the circular movement of the leg. In this walk the knee action disappears. Sometimes the arm of the affected side hangs down rigid, with the fingers closed. In paraplegia the feet are not lifted up, but are shuffled along the ground. In advanced cases there is never an interval between the

movements of the feet, and each step does not reach the length of the shoe. In hysterical paralysis the feet are dragged along, usually one more markedly than the other, and the patient is inclined to drop in a heap. The fact, too, that the patient is a young woman should suggest the necessity of careful examination. In true paraplegia the patient does not drop so long as the power to walk remains. In pseudo-hypertrophic paralysis the patient waddles, causing his walk to resemble that of a duck, and to become most markedly unlike the walk of a person afflicted with double talipes varus. In locomotor ataxia the feet are lifted up very high and brought down with a flop. In diseases of the cerebellum the walk is similar to that of a drunken person, staggering, unsteady, or reeling. In paralysis agitans the patient trots forward, the body being bent forward, with shaking arms held out in front. This is simulated, to some extent, in lead poisoning. In progressive muscular atrophy the rolling walk is much greater than that of the sailor, while the muscles of the ball of the thumb are wasted, and if the patient attempts to unbutton his clothes he does not try to use his thumb and index finger, but thrusts the upper edge of the buttonhole off the button with the dorsal aspect of his fingers.

In observing the walk of a patient the physician must never overlook the possibility of the patient having an artificial leg, and also ascertain whether any osseous changes have taken place.

In the early stages of hip-joint disease the leg is usually straight, carried slightly forward, or perhaps somewhat abducted, owing to the irritation and contraction of the capsular muscles on the anterior and outer aspect of the joint. As the disease advances the limb becomes adducted, so that the knee is carried against the lower part of the sound thigh. It should always be borne in mind that a person's walk may be changed by an imperfect recovery from a fractured bone. A limp is often caused by a sprain or a shoe that is not properly adjusted to the foot, and the disturbances of the walk caused by corns must be duly considered. There are also the altered walk of acute and chronic intoxication, and the hobble of gout to be borne in mind. The swinging round of the affected leg, instead of the straightforward step, is characteristic of a hip-joint disease frequently called rheumatic, and the same swinging movement is met with in rigidity of the knee. In children there is a peculiar walk, with the pelvis tilted up, which tells a story pointing to morbus coxarius.

J. W. F.

Original Articles**Intestinal Obstruction.**

BY O. A. HYDE, M.D.

Read at the January meeting of the Eclectic Medical Society of the City and County of New York.

We may with advantage consider this subject from a clinical standpoint by discussing the three important questions, What are the symptoms, the cause, and the treatment?

In acute obstruction the symptoms are sudden pain, often general rather than local. Pulse rapid and weak.

The vomitus, which appears early, is at first the stomach contents; then bile; and later it becomes stercoraceous.

Constant peristalsis of the intestines is shown by the movements plainly seen beneath the abdominal wall. Distention, soon producing dyspnoea by excessive abdominal enlargement.

When obstruction is high in the bowels, no tympanitis occurs; when low lesions exist this symptom is marked and may be excessive.

After the lower bowel is emptied, naturally or by enema, constipation remains still complete.

In chronic obstruction the symptoms proceed more slowly; often are intermittent.

The gradual increase of the obstruction produces a diarrhea, and this condition alternates with constipation.

The diarrhea may be accompanied by bloody evacuations.

Dull, aching pelvic or sacral pain and bearing down are almost constant.

In chronic obstruction vomiting is not often present.

In acute obstruction the causes are due to hernia, internal or external; intussusception, valvulus, bands, Meckel's diverticulum, long appendix, embolism, or thrombosis of mesenteric vessels, and obstruction from bodies as gallstones, etc.

The etiology of chronic obstruction includes that due to narrow parts of the intestinal tube, old inflammatory adhesions, angulations, and tumors, malignant or benign, as carcinoma, which develops in the intestinal wall.

A specimen in a New York medical museum shows a whole swollen raisin that lodged in a narrow part of the intestine and produced obstruction.

Sarcoma does not usually obstruct, as it begins in the submucosa. Carcinoma, as it originates in the mucous membrane, may diminish the intestinal calibre to the degree of obstruction.

The frequency of causes of intestinal obstruction have been given

as follows: From strangulation, 35%; intussusception, 35%; valvulus, 15%; gallstones, 8%; stricture or tumor, 6%.

The first indication for treatment is to free the intestinal tract, if possible, of all fecal matter below the obstruction, and then force the constriction open.

The first indication may best be accomplished by enemata, which if medicated may excite a peristalsis that may thus remove the obstruction.

Medicated enemata may be given according to the following formula:

R	Inspissated ox gall,	ʒi.
	Glycerin	ʒi.
	Ol. olivæ	ʒiii.
	Aquæ q. s. for an enema.	

If no result follow several of these enemata, it will generally be best to consider operation.

Treatment at the same time should be directed to the removal of the contents of the stomach and bowels above the lesion, for which gastric lavage seems to offer the most favorable results.

It is regarded of advantage to relieve the affected portion of the intestine of pressure from the loaded coils of intestines, and fermenting food.

For the second indication of the treatment, the inflation of the intestines by air through the anus is much safer than by fluids, and assists in diagnosing the location of the lesion.

Employed in invagination it has proved very useful.

Medicines to promote movement of the fecal stream have been limited; probably the use of salines has been most commonly relied upon by the laity. It is, however, seldom safe to force the passage of feces through the obstructed tube in this manner.

The use of atropin from 1/40 gr. hypodermically every 4 hours, to 1/12 gr. as single dose in one case, which acted successfully 6 hours later, has been many times satisfactory.

From a medical friend I have report of 1/10 gr. given at a single dose.

Eserine, hypodermically, has been used in single dose of 1/40 gr. for post-operative ileus with good results.

Success, without untoward consequences, followed in one patient the hypodermic use of 1/13 gr. dose.

Mechanical or manual massage is dangerous, unless very gently employed, and is probably of limited benefit except where fecal impaction or foreign bodies can be safely dislodged.

Abdominal support by absorbent cotton and bandage over the whole abdomen is said to be a very comfortable support, especially

in the chronic condition, and lessens rapid distention by gas in intestines above the obstruction.

In acute cases where the above treatment fails operation is necessary, and even an artificial anus may have to be temporarily established.

The distention may be treated by turpentine stupes, ichthyol applied over the whole abdomen.

In chronic cases often only operation will give relief.

In malignant obstruction often the symptoms, when marked, indicate that the malignancy is already beyond control.

Dilated colon, especially the sigmoid flexure, may be large and even fill the whole abdomen, as reported in a few cases.

Symptoms here may simulate those of central brain disease.

The enlarged colon may be aspirated, reduced by plication and attached to the abdominal walls to prevent valvulus.

Foreign bodies, if fixed, are to be removed by operation.

Post-operative ileus is best removed by enemata, employed cautiously after pelvic operation, and eserine hypodermically.

Where embolism or thrombosis of mesenteric vessels exists, if the affected section is short or limited, it should be excised; if extensive the case is hopeless.

Biers hot air baths at 120° to 150° for two minutes at a time are claimed to be very beneficial to relieve intestinal obstruction.

One bath has started peristalsis in several cases.

The great question is, When is operation necessary?

In answer we may say, when it is evident that only operation will be of service.

When the usual other means have all failed.

When our patient is failing too rapidly to wait for other treatment.

The operation in acute and chronic cases comprises removal of constrictions as bands, hernial sacs, adhesions, straightening or removal of flexures, invaginations, foreign bodies, tumors, and may require a temporary or permanent artificial anus.

Queens, N. Y., Feb. 22, 1911.

Diseases of the Spinal Cord and Their Pathology.

BY MAX MEYER, M. D., NEW YORK.

Read at the February meeting of the Eclectic Medical Society of the City and County of New York.

The problems which face us in the diseases of the spinal cord are very difficult ones, and it requires our utmost attention to arrive at a proper conclusion. Sometimes the symptoms are well defined and the diagnosis is effective and easily made, but at other times it is most difficult, because what may be of intrinsic value in one case will be of no

importance in another one. The axiom to locate the seat of the lesion and to find out its nature is pre-eminently necessary in these diseases, hence to follow a strict rule and to learn the significance of presenting symptoms by ascertaining their nature and origin—*what* they are and *why* they are—is the best plan, and our study must consist to a large extent of two salient points, namely: the recognition of structural changes known as Morbid Anatomy and Histology, and of symptomatic Pathology, that is, functional, perverted or morbid Physiology.

The development of spinal cord diseases is said to be due to exposure to cold, to fatigue, to toxic agents of infection and what not, but these assumptions are difficult of demonstration. The symptoms of a typical case, occurring as primary lesion, are never alike. We find generally that the disease is ushered in by fever and malaise, then slight pains in the limbs and derangements of sensation and finally, after the disease has fully developed, "girdle sensation," and pain in the back. The latter is generally not intense nor aggravated by motion, except when associated with meningitis, which, through percussion of the spine, is easily demonstrated. We may find later on, tingling or formication, acute sensation for heat or cold, partial anaesthesia or hyperesthesia. We may find "bearing-down" pains in the bladder or rectum and priapism is often complained of. Finally, tremors and spasms precede paralysis, which, in course of time, becomes more or less complete. This condition causes the loss of electrocontractility; the bladder and bowels are affected, the urine becomes alkaline and ammoniacal, cystitis and nephritis follow. Sensation is completely lost up to the middle of the body, where a zone of anaesthesia or hyperesthesia can be made out. The reflex activity generally is first increased, but later it is lost. The lesion spreads up or across the cord and, when the anterior cornua is affected, there will be wasting of the muscles, which present "the reaction of degeneration." A marked tendency to the formation of bedsores is often found. If the disease is in the upper region of the cord the pupils are affected; they are dilated by irritation of the sympathetic centers, or contracted if they be destroyed. When the cervical portion is the seat, the muscles of respiration become paralyzed and severe dyspnoea precedes a fatal termination. Fever may be present, absent or irregular throughout; the pulse is often quick and irregular. The course of these diseases varies greatly and complete recovery depends upon duration of the seizure and its severity. Frequently the acute stage runs into the chronic form with secondary degenerative changes. Death may be due to cystitis, nephritis, secondary developments as pneumonia, bronchitis, etc.

As to the pathology of the diseases of the spinal cord we find ischemia in the lumbar region usually. Morbid growths and inflammatory collections upon the bloodvessels of the cord, thrombosis of the

smaller arteries, lead to circulatory disturbances. Hyperaemia produces in the white substance a reddish appearance, while the grey substance looks brown.

Myelitis, a general term used to denote retrogressive changes of the cord, might be regarded as the type of these lesions, and there we find that the degenerations of the affected tissues produce a change of color, hence we speak of white, red and yellow softening, depending upon the amount of blood extravasated into the lesion. In the early stages the affected parts are swollen and pinkish in color. Microscopically the myelin is found to be destroyed, a breaking-down appearance in droplets, which stain with osmic acid. The axis cylinders swell up and degenerate, the nerve cells show enlargement and finally the nuclei disappear. When the acute processes subside, there is some absorption of the broken-down tissues and a hyperplasia of the neuroglia and connective tissue forms the early stage of sclerosis.

From the foregoing brief description as to history, etiology, symptoms and pathology it is evident that our knowledge of these diseases is very limited, and although we are able to recognize a number of well defined symptoms, there is much to wish for therapeutic measures. If we compare the complexity of the different spinal-cord diseases, we must admit that, with all our present knowledge, many points have remained obscure to us, and in the following, I shall lay before you a few facts, which undoubtedly will help to an extent for clearing up some mysteries of those diseases.

To begin with, I wish to draw a comparison between the blood-circulation and the nervous system, and in doing so, we find the following:

Analogy between

THE BLOOD CIRCULATION AND THE NERVOUS SYSTEM.

- | | |
|---|--|
| 1—Every organ has its blood-vessels. | 1—Every organ has its nerves. |
| 2—The bloodvessels come from a center (heart) and return to it again. | 2—The nerves (centrifugal) come from a center (brain) and return (centripetal) to it again. |
| 3—The heart does not stand in direct communication with the body, but by a medium (aorta) which lays alongside of the vertebral column. | 3—The brain does not communicate with the body directly, but indirectly by the spinal cord, which is enclosed in the vertebral column. |
| 4—The bloodvessels enter the organs and spread out into microscopic small branches (capillaries). | 4—The nerves enter the organs and spread out into microscopic small branches (filaments). |

- 5—The size of the bloodvessels is not dependent upon the size of the supplied organ, but upon the work necessary (f. i., the bloodvessels of the bones are proportionally smaller than those of the muscles).
- 6—Dividing or ligating a bloodvessel causes the cessation of nourishment of the respiratory organs; if this interruption of the circulation is constant the organ passes into the state of "acute gangrene."
- 7—Generally after the division of a bloodvessel, a collateral circulation is formed which restores the power of assimilation.
- 8—The arterial (centrifugal) bloodvessels are running into the depth of the tissues; the veins (centripetal) on the surface of the organs.
- 9—Wherever skin or mucous membrane is injured, blood will appear and this demonstrates the presence of bloodvessels in every part of the body.
- 10—The bloodvessels contain a fluid (cells and plasma—blood-plasma).
- 11—The veins have valves to prevent the reflux of the blood.
- 5—The size of the nerves is not dependent upon the supplied organs, but upon the work necessary (f. i., the nerves of the glutei muscles are in proportion smaller than those of the eye-muscles).
- 6—Dividing or ligating a nerve causes immediate paralysis or functional disturbance of the respiratory organs; if this interruption of the nerve-supply is constant the organ passes into the state of "chronic gangrene."
- 7—Generally after the division of a nerve a collateral circulation is formed which restores the functions and removes atrophy (f. i. after resection of supra- and infra-orbital nerves.)
- 8—The centrifugal (motor) nerves are situated in the center, the centripetal (sensitive) nerves on the surface of the organs.
- 9—Wherever skin or mucous membrane is injured we notice either pain or sensation of touch, hence a spot without nerves does not exist on the whole body.
- 10—The nerves contain a fluid (nerve plasma).
- 11—The centripetal nerves have valves (Ranvier's nodes) to prevent the reflux of nerve-plasma.

12—The blood is propelled by the heart's action.

13—The velocity of the blood circulation in completing the cycle is about 25 seconds.

14—By the bloodplasma a rapid or acute assimilation is produced.

15—The microscope does not give any information about arterial or venous capillaries, because the chemical reagents employed in staining and hardening alter the structures and what remains is mutilated by the microtome, hence blood circulation can only be proven by experiments.

16—The blood circulation carries the nourishing material to the cells nearly in the same minute in which it is absorbed.

17—The blood plasma causes an acute assimilation.

18—If we ligate the bloodvessels of an organ, we prevent acute assimilation and the cells must die at once acutely.

12—The nerve plasma is propelled by the action of the heart, because each systole produces a filling-up of the bloodvessels of the brain, which causes a systolic (positive) pressure upon the brain matter, forcing it to retract and in doing so it can act only upon the peripheral nerves.

In the heart diastole an opposite (negative) pressure results, which causes the nerve plasma to enter the cerebrospinal tissues.

13—The velocity of the nerve-circulation in completing the cycle is about 12 months.

14—By the nerve plasma a slow or chronic assimilation is produced.

15—The microscope does not give any information about nerve filaments, because the chemical reagents employed in staining and hardening alter the structures and what remains is mutilated by the microtome; hence nerve circulation can only be proven by experiments.

16—The nerve circulation carries the nourishing material to the cells after months only.

17—The nerve plasma causes a chronic assimilation.

18—If we ligate the nerves of an organ we prevent chronic assimilation and the organ dies chronically, i. e., atrophy sets in after months or years.

19—The blood plasma circulates in the blood capillaries which surround the cells from the outside, i. e., it takes its course from the outside to the inside or from the cell-wall to the nucleus.

20—Every acute disease is based upon an infection of the blood circulation. The period between infection and manifestation (incubation period) can be only days or hours.

21—Every acute disease creates acute heart weakness.

19—The nerve plasma circulates around the nucleus and takes its course from the inside to the outside, i. e., from the nucleus to the cell wall.

20—Every chronic disease is based upon an infection of the nerve circulation. The period between infection and manifestation (incubation period) takes months or years.

21—Every acute disease which becomes chronic injures the heart twofold, viz.: first acute and then chronic. In every chronic disease the heart weakness is either in a state of permanent increased or permanent diminished irritability.

From the foregoing we see a surprising analogy between blood-vessels and nerves, and we are justified in saying that not alone a blood circulation, but also a nerve circulation exists.

In my present studies I have followed the path shown by Pflueger, Thanhoffer, Orth, Gerlach, Flesh, Kreidmann, Landois, Meynert and others.

I cannot go deeper into the subject here, but reserve for some other time proof of my assertions.

As to the therapy of the diseases of the spinal cord, there is really very little to speak of. We employ either nerve sedatives or nerve stimulants, massage, electricity, cautery, serum-therapy, hydro-therapy, mechano-therapy and what not, but in the majority of cases without the desired result.

Medical nihilism seems to have found here a foothold, but when we look from a different point of view upon these ailments, when we take into consideration the existence of a nerve circulation, its bearings on Anatomy, Physiology and Pathology, the obscure points of these ailments become explainable, hence curable.

As in all chronic diseases, so here, the heart is at fault, viz., it is weak, hence, when we improve it in force and action, when we set the

nerve plasma in motion, the obstacle—the stagnation of the nerve plasma at the seat of the lesion—will disappear and consequently the disease, with all its perplexing symptoms, must vanish gradually but sure.

New York City.

Tetanus.

BY L. LANZER, M.D.

Read at the meeting of the Kings County Eclectic Medical Society.

Tetanus, a condition characterized by paroxysms of severe tonic spasm, is the terminal stage of an infection by a specific bacillus the toxin of which causes paresis of the test organ.

The functions of the adrenal system being inhibited, toxic waste products accumulate in the blood, which provoke an intense rise of blood pressure and, as a result, capillary hyperaemia and hyperexcitability of all organs, including the spinal and peripheral nervous systems.

A spasm occurs when hyperexcitability is suddenly increased by the appearance in the blood of an excess of auto-antitoxin, the result in turn of a defensive reaction of the adrenal system, and lasts until both the specific toxin and the toxic wastes have been more or less converted into harmless and eliminable end products.

The symptoms we will pass over and go to the pathogenesis.

Tetanus is due to the accumulation in the blood of certain poisons which cause marked irritation of the sympathetic and vasomotor centers. The propulsive activity of the arterioles is not only enhanced to a marked degree by the exaggerated sympathetic impulses, but the irritation of the vasomotor centre, by provoking excessive and general vaso-constriction, causes the deeper vascular trunks to drive a part of their blood into the peripheral capillaries, including those of the spinal cord and skin.

The spinal reflex centers being thus rendered excessively irritable and the cutaneous sensory terminals correspondingly sensitive, a condition is produced in which a spasm may be brought on at any moment by the slightest exciting cause, a touch, a breath of air, a slight noise, etc., or some endogenous excitant.

The blood-pressure was found elevated by Tauber not only during spasms but also during the intervals.

The arterial tension is so great in some cases that rupture of the capillaries may be caused by the blood forced into them.

Thus Molle observed hemorrhages in the gray substance of the spinal cord, especially in the anterior horns.

Hunter noted marked dilation of the spinal vessels, coupled with infiltration and miliary hemorrhages.

Of course, all muscles, including those of the vessels, being abnormally contracted during spasm, the blood pressure is higher during

the latter than during the intervals, but the fact remains that the blood pressure is high during the entire course of the disease and that this is due to irritation of the spinal cells.

The presence of marked hyperemia of the spinal system is generally recognized.

Thus Ewing, referring to the spinal cord of a case examined by him, states that the capillaries were everywhere distended with blood and a few minute extravasations were found in the floor of the fourth ventricle.

When the accumulation of toxic wastes in the blood exceeds a certain limit, the test-organ incites a protective reaction through the adrenothyroid center.

A large quantity of auto-antitoxin suddenly invading the blood, the existing hypersensitiveness of all nervous elements, central and peripheral, is increased, owing to the rapidity of metabolism, and a spasm occurs.

The spasms should not be regarded as constituting the disease as the term "tetanus" suggests; they represent a terminal phase of the disease when the accumulation of poisons in the blood has become so great that a supreme physiological effort is necessary to destroy them.

Each spasm represents such an effort of protective activity.

The true spasmogenic factor is the skin, owing to the presence therein of the sensory nerve-endings, which, more easily than other nerve-elements, are capable of provoking reflex motor spasm.

The primary cause of the disease in traumatic tetanus is the presence in the tissues of the tetanus bacillus, found in the soil and in the pus of wounds of individuals suffering from the disease.

It may likewise be introduced during vaccination, the surgical use of gelatin, the injection of antitoxin, in surgical operations, in the new born tetanus neonatorum through the umbilical cord. Once in the tissues, the bacillus remains at the seat of the injury and multiplies in situ.

Here it secretes a very poisonous toxin, which increases in quantity gradually as the multiplication of the germ progresses, and the time finally arrives when the blood contains a sufficient amount of toxin to initiate the terminal phase of the infection, i. e., tetanus.

The toxin of the tetanus bacillus is not, as now believed, the direct cause of the spasms seen during the disease.

That the toxin of the bacillus tetani is not the direct cause of the spasms of the disease is shown in various ways:

When injected into nerves, as observed by several investigators, it evokes spasm of the corresponding extremity or region supplied by that nerve or by the special cells reached by the poison.

This is not the case in tetanus: while the muscles around the wound may be somewhat spastic, the spasms of tetanus begin in the

face or neck even though the source of the toxin, the injury, be in the foot—anywhere in fact.

Meyer and Ransom found that when the toxin was injected in a vein a period of incubation of three or four days was followed by true tetanus.

Why this delay, if the toxin produces spasms by acting directly on the nerve cells?

It cannot be ascribed logically to delay in reaching the central system since a sufficient dose of strychnine introduced in the same way produces spasm in a few minutes.

The lethal activity of tetanus toxin according to Lehman and Neumann is from 30 to 100 times greater than that of strychnine.

The first effect of the soluble toxin is to stimulate the test-organ, the adrenal centre an auto-protective reaction.

As a result there occurs an abundant production of adrenoxidase, and therefore of auto-antitoxin in the blood, and, in robust persons, a marked leucocytosis.

The success of the immunizing process depends upon the efficiency of this auto-protective function; and to some extent upon the quantity of infectious material absorbed.

It is probable that most wounds in which soil has penetrated are contaminated, and that the great majority are not followed by tetanus only because the antitoxic and phagocytic properties of the blood can successfully cope with the bacilli and their toxins from the outset. The phagocytic properties of the blood are also greatly increased, and Metchnikoff, Vaillard, and Vincent, of Inst. Pasteur, and others have shown that, under favorable conditions, phagocytosis sufficed to arrest the morbid process.

When the protective resources, phagocytes and the auto-antitoxin of the body, are unable to destroy the pathogenic germs and their products as fast as they increase in the blood, the toxin depresses and tends to paralyze the functional efficiency of the adrenal centre.

By thus inhibiting the formation of adrenoxidase (oxidase is a soluble globulin mixed with the blood's serum albumin), and therefore of auto-antitoxin, the toxin prevents the destruction of physiological wastes which include other toxic bodies.

The toxic wastes that remain undestroyed in the blood soon begin to accumulate therein, and constitute the true intrinsic pathogenic agents of the disease.

Notwithstanding the hopeful outlook once afforded by the serum or antitoxin treatment, it has signally failed to influence the mortality of developed cases of tetanus, i. e., about 80%, while that of the 4th of July tetanus, the toy pistol, is 95%. As a prophylactic, however, antitoxin is of undoubted value.

The highest mortality occurs within the first seven days after the

onset of the convulsions; after this the chances of recovery increase in proportion with the duration of the disease.

The undiminished mortality of tetanus notwithstanding all the work done in recent years emphasizes the great importance of surgical prophylactic measures.

All injuries in which contamination is probable should at once be carefully cleansed of all local detritus, foreign bodies, necrosed tissue, etc. The edges of the wound should be retracted and all tissues exposed to the air (the tetanus bacillus being killed by oxygen), and finally washed out with hydrogen peroxide.

Then apply a thick layer of powdered antitetanic serum and loose gauze dressing.

Once the disease has reached last stage, i. e., that attended with spasm, antitetanic serum does not influence favorably its lethal tendency. The aim therefore should be to supplement the action of the antitetanic serum by that of auto-antitoxin; this may be done by the simultaneous use of thyroid extract in full doses, adjusted to the needs of the case.

It is capable alone, in fact, of arresting tetanic spasms.

The introduction of the antitetanic serum into the nerves, the spinal cord, or the brain, tends to induce shock and further to depress the adrenal center; and, as on the whole, such severe procedures have not lowered the general mortality of tetanus.

220 Penn Street, Brooklyn, N. Y.

Items from the Field of Neurology.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

The essentials in treating paralysis agitans are rest and hyper-nutrition, change of scene, the leading of a quiet life, with an abundance of fresh air and sunlight. Light gymnastics and passive movements are of value in preventing rigidity of the limbs.

In this country insanity is feigned to escape from responsibility involving serious consequences, or to get release from work and certain prisons, and an educated man can carry this cheat with some success, but so-called experts, alienists who are authorities (?) should know that a real lunatic when approached by a stranger, appears first better than worse and more on his guard; he tries to bring his wits together and understand what is going on. But a sham lunatic, when we go to him, redoubles his efforts to seem insane, he is more energetically noisy, idiotic and maniacal—if we ask him if he is out of his mind, he tells us at once that he is, a real lunatic very seldom admits it, unless he is in the last stages of melancholia.

Watch a lunatic or a supposed lunatic without his knowledge and you will quickly come to a conclusion.

Many a child is frightened and rendered nervous and timid for life by tales told by foolish servants and nurses of ghosts, spectres, or robbers, or threats of policemen. The sensitive and imaginative brain of the child carries to bed these terrifying images and wakes in an agony of panic.

Some nervous children are troubled with nightmare or night horrors or a fear of being alone or in the dark; use the above on them and you are laying a good foundation for good neuropathic groundwork.

The term Jacksonian epilepsy indicates irritation of the cerebral cortex by a focal lesion. When the cortex is subjected to local irritation it is normal for the muscles supplied by it to be thrown into spasm.

The false statements of hysterical persons are not necessarily lies, but often originate honestly from hallucinations or from loss of memory. Many of the physical symptoms can be accounted for by an impairment of will power.

That death may occur as a result of hysteria uncomplicated by organic disease appears to be a matter of considerable doubt, although such a possibility is admitted by some authors. A patient in St. Luke's Hospital, some few years ago, presented the hysterical symptoms of hemi-anaesthesia, contraction of visual fields and epileptic form seizures and convulsions and no evidence of any organic disease. The man was found dead in bed one morning. The autopsy revealed no causes, such as could be regarded as adequate to induce death.

Influenza has a definite effect on the nervous system. There seem to be certain forms of mental disorder following influenza, especially in predisposed subjects. Sleeplessness, neuralgia, neurasthenia, delirium and peripheral neuritis are some of its consequences and a peculiar nervous degeneration seems to follow in some cases.

Chloral hydrate, if taken in very large doses, may cause stupor or dementia or profound melancholia. In continual doses it may lead to some moral perversion, and may give rise to delusions of persecution. It may start sensory illusions and hallucinations. Stupidity, slowness of action, doubt and suspicion are the most common symp-

toms produced by its prolonged use. In some few instances the symptoms resemble those of general paralysis.

In paranoia a sexual tinge may color some of the delusions, and is common in old women, young men, and in some young women; the patient conceives a passion for a person to whom he or she has never spoken, and builds up on little or no foundation an organized romance which occupies his or her whole attention, and it is in this form that it is hard to render an opinion or decision as to the ultimate disposal of the patient.

Morbid conditions of the cortex, the result of syphilis and productive of insanity, are by no means unamenable to treatment, if they are submitted during an early stage. Antisyphilitic treatment should be actively pushed. If the symptoms do not yield within the first month the prospects for recovery are very much lessened.

Excess in sexual indulgence is so difficult to measure that I mostly regard excess as a symptom and not as a cause. In some recently married persons such excess produces profound hypochondriasis or stupor, in others a morbid eroticism. It is a common and early symptom of ordinary mania and of general paralysis.

F. Levy in the *Gaz. des Hop.* discusses at length the etiology, symptomatology and classification of trifacial neuralgia. In general he divides it into (1) a major, (2) a minor type, subdividing the latter into the dental, malarial, syphilitic, tubercular and toxic groups. Patrick advocates treatment of trigeminal neuralgia by deep injections of alcohol into nerve trunk.

Clinically multiple neuritis may simulate a spinal atrophy as regards distribution of paralysis, absence of sensory symptoms, and protracted course. Progressive spinal muscular atrophy may resemble multiple neuritis in the presence of pain, remission of symptoms and subacute course.

Why do we term it "Huntington's chorea," when the disease was discovered by Dr. C. O. Waters of Franklin, N. Y., in 1841, or 31 years before Huntington described it? Why not call it Waters' chorea, or, still better, hereditary chorea?

Spiller & Gittings report a case of progressive muscular atrophy of cervico-bulbar type occurring with cervical rib. Similar cases of cervical rib occur sometimes in syringomyelia and multiple sclerosis.

70 Rogers Ave., Brooklyn.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Origin of the Eclectic Practice.

The information I have received from others, the opportunities of clinical practice, and the improvements I have myself made, have brought me into the possession of a system of practice which I have found invaluable, and altogether superior to that pursued by physicians of the Old School.—*Wooster Beach, M.D., graduate of the New York College of Physicians and Surgeons, 1825.*

Lobelia in Diphtheria.

I was recently called to see a boy seven years of age, who was said to have been suffering for several days from a sore throat. On examination I found a very severe case of nasopharyngeal diphtheria. After having explained to the family the dangerous and infectious character of the malady, and calling to mind the success of Dr. Jentzsch with lobelia in diphtheria (see *Specific Diagnosis and Medication*, pp. 605-606), I decided to employ the drug hypodermatically in this case. I at once injected into the left thigh one drachm of the specific medicine and in two hours later another drachm into his right thigh. In four hours, there being no improvement, one drachm more was injected into his left arm. He was also given the indicated remedies in the usual way. The following morning the child was much worse, and evidently sinking very rapidly. Death seemed inevitable, but I injected another drachm of the specific medicine into his right arm. Four hours later he was still failing and I injected into his buttocks 5,000 units of antitoxin. At my evening visit there was a slight improvement in the respiration, but death ended the boy's sufferings at about three o'clock the next morning.

There were six other members of the family, and I gave them each a drachm of lobelia hypodermatically. At three o'clock of the same day a messenger called, saying that one of the younger children had experienced difficulty in swallowing and the mother wished me to call as soon as possible. On examination I found another case of diphtheria. Besides the indicated remedies prescribed, another drachm of lobelia was administered hypodermatically. Five hours later, there being evidence of an increase in the disease, 5,000 units of antitoxin were injected into the child's right

thigh, and 2,000 units into the left arm of each of the other children. The following morning I found the little patient much improved, but thought it wise to inject another 5,000 units of antitoxin. The other indicated remedies were continued. At my evening call I found that the mother had taken the disease, and that she was a decidedly sick woman. The indicated remedies were prescribed, and 6,000 units of antitoxin injected. Each of the remaining members of the family were given 2,000 units more.

The mother and child made uneventful recoveries, and no other member of the family developed the disease.

This was my first experience with lobelia in diphtheria, and unless some reliable specific indication for its use is discovered it will continue to be my last.

Oxydendrum Arboreum—Oxydendron.

Fluid preparations prepared from the leaves of this indigenous tree possess valuable diuretic and tonic properties. Oxydendron is extensively employed in diseases of the urinary organs, and in all wrongs due to cystic and prostatic causes it has proved a remedy of curative power. In anasarca it is used with much advantage, and in some other forms of dropsy it has proved equally efficient. In all abnormal conditions in which a tonic diuretic is indicated oxydendron will render good service. It is beneficially employed in chronic irritation of the neck of the bladder, and in urinary troubles in which there is a frequent desire to urinate, burning pain at the meatus, or the urine passing in drops mixed with blood, it has long been regarded as a remedy of merit. In wrongs of the bowels, such as diarrhea or dysentery, resulting from exposure to cold, and causing determination of blood to the parts involved, it exerts a decidedly corrective influence. Its continued use gives tone to relaxed capillaries.

Dose of specific oxydendron (or a good fluidextract) is from 5 to 20 drops, but it may be efficiently employed as follows: \mathcal{R} Oxydendron, gtt. x to \mathfrak{z} i; water \mathfrak{z} iv. Teaspoonful every two or three hours.

Capsella Bursa Pastoris—Shepherd's Purse.

This common indigenous weed is a native of Europe, but it may be found growing in many waste places in the United States. Capsella is a mild stimulant, astringent and diuretic. It is used with gratifying results in various abnormal conditions of the reproductive organs of women. In passive hemorrhage following miscarriage it is employed with satisfaction, and in menstrual hemorrhage, with tendency to uterine colic, it has proved an efficient remedial agent. In hematuria it constitutes a useful medicament, and it is especially valuable in cases

associated with dropsical conditions. In incontinence of urine characterized by pain in the urethra capsella exerts a corrective influence. It is beneficially employed in diseases of the kidneys and bladder caused by vascular atony, and in hemorrhoids it has been found useful.

The dose of the fluidextract of capsella is from 20 to 60 drops, but 10 drops every two or three hours will usually prove efficient.

Clematis Virginiana—Virgin's Bower.

This climbing perennial plant is a good diuretic and nerveine. Clematis was formerly held in very high esteem by many Eclectic physicians, who used it with marked success in wrongs of the reproductive organs of women. Its active diuretic influence has been found useful in various dropsical conditions, and Dr. Wooster Beach deemed it an important part of his vegetable syrup.

The dose of the fluidextract of this plant is from 30 to 60 drops, but 10 drops constitute a sufficiently large dose in most cases.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Louisville, Ky., in June, 1911. J. A. Munk, M.D., president; W. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1911. C. W. Brandenburg, M.D., president; E. H. King, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. C. Lloyd, M.D., president; H. Harris, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. James Moran, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton Street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes Street, Brooklyn. A. B. Wolf, M.D., secretary.

Eclectic Medical Society of the State of New York.

March 1, 1911.

Dear Doctor:

The annual meeting of this society will be held in the Common Council Chamber, City Hall, Albany, on March 29th and 30th, 1911.

You, as an Eclectic practitioner, are urgently requested to be present. Your presence at the meeting is not only of importance to the society, but to you, personally.

At no time in the history of our school has it stood in higher esteem than to-day, and at no time has it been of greater importance for every Eclectic to stand by his guns to preserve and maintain this standard.

The programme committee is arranging an interesting and instructive literary section.

Doctor, you owe it to yourself and the society to be present at this meeting.

Yours fraternally,

EARL H. KING, M. D., Secretary.

Permanent members are hereby notified that the annual State and National dues (total of \$3.00) will be due on or before the first day of the meeting. Remittances should be made direct to this office, or through an auxiliary society where so affiliated.

My dear Doctor:

To retain our organization we must take an active part in its welfare, and to further our interest as a distinct school of medicine, we must progress.

Progress is accomplished when every member of an organization expresses, by his very presence at the meeting of such organization, his interest in its welfare.

Today we stand at the dawn of victory, the victory of our fathers, those stanch pillars of Eclecticism who laid that solid foundation for freedom in medicine, and it behooves you and me to complete the upper structure.

Shall we allow that monument to rest upon its laurels or shall we allow a spirit of coldness to replace the ardor of our predecessors, or shall we still labor to make our chosen school of medicine a complete success?

We have among our fold some weak-kneed brethren, clamoring for recognition within the ranks of the dominant school, sick at heart because they are weary of being a member of the minority, but they become the objects of ridicule whenever they truckle for that favor.

We gain the respect of our friends and enemies by the manly maintenance of our doctrines in an open spirit of rivalry.

Our great success has been the development of the indigenous materia medica. Though much has been accomplished, much remains to be done.

We ask you, fellow member, to be present at our meeting this year and aid our movement to prevent our annihilation by the "Political Doctor."

Let the light shine upon our work, but that very light requires replenishment of oil and it is our duty to supply it.

WILLIAM L. HEEVE, M. D., Cor. Sec.

Beachonian Society.

The last "open meeting" of the Society for this session was held on Friday, March 3rd; it was, like all the preceding ones, a great success. The fellows have worked for, and enjoyed together the fruits of their combined efforts, and it is indeed gratifying to look back upon the winter and to see what has been accomplished. All was and is harmony; no wonder, since under "Papa's" guidance and with the kind and enduring co-operation of Mrs. Boskowitz and "Alma Mater," the Society has been transmuted into one family, as it behooves the Eclectics. The sincerest thanks of the fellows are offered to "the Doctor," Mrs. Boskowitz, Dr. Thompson, Dr. Sibley, and all who have given their material assistance, and last but not least, to Mrs. Trigg.

The members and their friends were greatly and agreeably surprised by the Krausi-Schaefer family who actively took part in the entertainment of the evening. It was especially gratifying to have the members of this family in our midst, and thus pay a sincere tribute to the memory of Dr. Krausi, who has done much for the Society and the College. Miss Jeannette Krausi favored the audience with two magnificent piano solos, and the talented George Krausi played two splendidly executed numbers on the 'cello.

The address of the evening was made by the Royal Fellow, and was as follows:

Eclecticism from the Student's Standpoint.

BY V. VON UNRUH.

In choosing this theme for dissertation to-night, we are aware of the possible imputation that we are going to indulge in self-praise. However justified or unjustified such accusation may be, it nevertheless remains true that he who is the bearer and fortunate possessor of a light is responsible for letting it shine. The fact is that Eclectics are the "beati possidentes" and Eclecticism is the everburning light, the perpetual light of zeal and progress. The essential attitude of an Eclectic is to look upon both sides, and thus we hope to be pardoned for a seeming digression when we give consideration first to the great principles laid down by the torch-bearers, the practitioners, the founders of Eclectic medicine, and next turn to the students, who may be said to represent the fuel for the torch.

Eclecticism, designating a choosing, selecting, is possible only where freedom of thought and individuality are safeguarded. The older, narrower methods of a by-gone day are yielding to the freer, better, and newer thought which enlightens our age. Yet, despite all progress, might still goes before right. Thus, as a means to self-preservation we should become fully conscious of our own might, the more so because we know beyond doubt that we are right. Let us see why. Philosophy

and science show that the closer we attach ourselves to laws of Nature the more potent factors will we ourselves become; and Nature's laws supply the only rightful power. It is in their applying Nature's own remedies that Eclectics consciously ally themselves intimately with natural laws. Freedom of thought and individuality are what, in battling for the principles of Eclecticism, its fathers have successfully insisted upon. *Individualization is the law of all life.* Thus it becomes evident that in our sphere of life and usefulness as Eclectics, we rest upon this law, are co-workers with, and, as the inevitable outcome, will be carried by it. Despite all opposition these laws, being true and eternal, must win out.

Eclectics are first and foremost students of Nature, physics, and thus are physicians in the truest sense of the word, as opposed to opinionated doctors of medicine. In going over the history of our school we find Thomson battling for Lobelia, and fighting the whole medical New England, till the war-cry stirred up wider and wider circles, spreading all over the country, demanding and finally compelling recognition of our principles. But—did *he* win his battles, or did Lobelia win them for him? *No!* not by any means. The principle upon which he rested won. Men are but instruments. It is always principles, never men! We should remember this, however much we may be tempted to forget the principle in justly glorifying the noble deeds of men who, recognising the law, proved themselves one with it. Truth will unfold to the earnest seeker after it; and sooner or later dogma is doomed to downfall, because the principle of natural laws is forever opposed to it.

I have dwelt upon this part of my theme at a greater length than perhaps I should, and for a reason; I want it brought home to the consciousness of every one that we do not set up certain man-made idols of authority for our worship; nor do we kneel in superstitious fear before natural laws; but by thoroughly understanding and embracing them, we become one with them. Abler men than I have propounded these facts; and it remains for us to familiarize ourselves with the logical consequences which our Eclectic fathers have drawn from the principles, and which are: kindly medication, simple remedies of nature as opposed to artificial, synthetic ones; small, often repeated doses; *specific remedies for specific indications, which means individualization of symptoms* and meeting them by single remedies. Whoever has studied biology and embryology will find there the proof that man is, in abbreviated form, the summing up of all the kingdoms below him; he consequently is more intimately related to the natural, vegetable remedies than to synthetic poisons; and *right here is the justification of our much maligned "herb" remedies* which, in use by the Eclectics for a century, are just beginning to be employed by a few sane men in another school of medicine.

Since we have now gained a firm foothold, we will consider our theme in a threefold division: What does the student entering the Eclectic school expect; what does he learn and attain; and what, finally, does he accomplish?

And here we meet first of all with the cause, the reason why men or women prefer the Eclectic course to another. We may group them into: Those who themselves have been treated by Eclectic physicians, or know them as friends or relatives; those who enter our schools as apparently promising an easy road to the M.D. degree; and finally, those who in knowingly and consciously studying and discriminating between the Therapeutics of the Eclectic and that of other schools, enter with a clear conception upon the task, have an eye to see, an ear to listen to the silent processes in Nature's workshops, and the faculty of interpreting rightly—in short, those who choose the choosing method in preference to a method of mere expediency.

Unfortunate though the sick are, they are nevertheless to be regarded lucky who, when in need of medical assistance, have an Eclectic physician within call. The principle of kindly medication surely plays a most prominent part in the heart and soul of this physician; there is nothing morose about him, nothing gloomy; he is an optimist and couples his optimism with wisdom and circumspection; there is an air of confidence going out from him, based upon well-grounded faith in his remedies—remedies that never fail to put his patient on the high road to health and strength. No wonder, then, that those acquainted with or related to an Eclectic physician should take up with this school if they want to become physicians.

The other class we mentioned, those that come to us expecting to have an easy time of it, choose really more wisely than they know. Although they find themselves sorely disappointed in their expectation, it is not long before they recognize the superiority of our schools and methods. Others, again, who have been trained in the old school of medicine and there attained the degree of M.D., hearing and reading of, and seeing; perhaps, the results obtained by their Eclectic colleagues, join our ranks. This happens more often than we know, because this fact is not generally advertised, and for obvious reasons. Some even return to our college benches for one more year, wishing to become more fully acquainted with our principles and methods. Surely, this is as much a splendid testimonial for, and conversion to Eclecticism, as it is a heroic course on the part of him who pursues it; for an additional year of time thus spent and the incumbent loss of money is justified only by the most positive knowledge of what is to be expected from our training and our methods.

Then there is the third group who choose the Eclectic course from a discriminating standpoint. It bespeaks maturity of judgment, which is not gained solely by age and experience, but as the result of training

one's faculties of observation and reasoning. This judiciary faculty well developed before entering upon our course is invaluable as an adjunct in practice. And here we have in mind the many shining examples of men and women who, coupling their faculties with Eclecticism, have become what without exaggeration might be termed ideal physicians.

Next we asked: what does our student learn and attain? How is he trained? Just by way of comparison let me ask those who have gone through colleges where large classes obtain—What have you been there, if not a mere number? Half of the professors do not know the names of half of their pupils, nor half the names of their pupils; you were either "that tall fellow with glasses" or the "little dark-complexioned chap with curly hair on the tenth bench"—and so on. And when you wanted to know something besides what was contained in your text books, the air of "noli me tangere," of unapproachability that usually hangs around these almighty professors, scared you off; you did not get the information you wanted, though actuated by the best intention to learn something. It simply was denied you. When it came to quizzes you were called from the list of names, and if you were fortunate in that ensuing haste and hurry and flurry, you could reel off your little prayer, memorized, but ill understood. These big colleges are the surest despoilers of a thorough individual education! Blotting out individuality, they manufacture men machine-like in production and mechanical in expression. Hence these students simply have to take up "post-graduate courses," causing an additional expenditure of time and money, which for the most part they can ill afford.

In our Eclectic schools it is just the opposite. A student gets the fullest measure of individual instruction and recognition on the part of the teachers. Cannot any one among our students go before the lecturer and ask additional information—and get it, too?

Often the objection has been made that in our Eclectic schools the student does not get enough practical work. But look around, and see what they get in others. The movement for bedside experience is very new, and in all countries, here and abroad, the medical colleges are just beginning to set out in that new field; but with much difficulty; for boards of educational supervision deem it wise in their unfathomable wisdom to prescribe just so many hours of theory for each subject; and until this condition is changed by the higher authorities, not much more time than at present will be available for bedside work. But here again we claim that we are better provided for, because of the smaller classes in our schools. A case of clinical interest, surrounded by 100 students will not provide each with such experience as where only 20 or 30 are being instructed upon the case. Our student thus gets a firm grasp of the principle, and is more often called upon to individually and independently put his knowledge to

the test of practice. And are all these not potent reasons in favor of the Eclectic course?

Our empiricism in medication is by far better for the patient than all the rationalism of the old school. This rationalism has for them practically destroyed the knowledge of Therapeutics—they have no Therapeutics! Their students do not get the benefit that ours do in this respect. Almost all the valuable vegetable drugs have been introduced by the Eclectic who, closely connected to natural remedies as he found and finds them, is able to relieve the diseased without having to resort to guesswork or poisons. I would point only to Lobelia, Hydrastis, Cascara, and Apocynum to substantiate my claims. And great, indeed, is my regret that the old manner of studying under an individual preceptor should have been abolished by law without giving any equivalent in its place.

All our methods, our principles, our Therapeutics, aside of being matters of principle with us, have another value—that of dollars and cents; for, the student who sets out to practice is by our remedies the better enabled to cope with disease and cure his patient. Just ask an “old school” practitioner whether he thinks of ever giving up our remedies once he has tried them? Never, is the reply. Having fitted our student so splendidly for his vocation, it is but natural that he should succeed. *And he does!* The truly Eclectic physician has weighty advantages over any other. For lack of time I have adduced only the more salient features of Eclecticism that urge in its favor; hundreds more could be enumerated.

What does the Eclectic accomplish after having left his Alma Mater? Let us answer this question on broad lines. The Eclectic is the one man who consciously chooses the best in everything. We know how this individual power of choice manifests through all branches of human endeavor—philosophy, science, art, economy, and so on. The consequence is a general enlightenment of the people. The beneficent results therefrom applied in the art and science of healing are of the farthest reaching nature. As the old Eclectics took up this enlightening trend of thought in their practice, they were bitterly opposed by their own colleagues who, with them had shared the very same medical education. And in our days when the people insist upon progress and enlightenment, it is but natural and logical that they should turn to the Eclectic physician for the treatment of their ills. The greatest blessing of mankind, Health, is solicitously watched over by the Eclectic and vouchsafed by his remedies! Thus, indeed, he may become a benefactor of the race. He is the coming man! His are the coming methods! Eclecticism is the coming school of medicine! The old way of “holding to an opinion” is the synonym of a cessation of thinking. Against this we revolt! Old creeds, old standards, old opinions are passing. And why should they not? Is the future bank-

rupt? Our minority is slowly but surely driving the steel wedge into the ranks of the old order, and the sound of the blast will soon be heard!

The Eclectic stands as a proof of the truth that is is not the popular shout of the multitude that echoes the divine in nature, in philosophy, in science, in humanity—but the unpopular cry of a solitary prophet that sets up milestones of progress and evolution. And in concluding, let me enjoin you not to cast your lot with the shouting, thought-bare multitude of dogma, rust, and rot! Work as life does, silently, arduously, filled with faith and wisdom! And little by little all the small successes that are attained will accumulate into one large, enormous wave of success of the progressive thought in medicine, called *Eclecticism!*

* * * * *

The Society will not be heard of again until next winter, when the members confidently expect to continue in the same enjoyable relations that characterized the work and the pleasures of the session that is drawing to its close now. The financial standing of the Beachonians is good and will continue to be so; and the new formed library fund is expected to furnish the useful books for the studies.

Items

Dr. R. W. Padgham of Geneva, New York, died Feb. 27, 1911, aged 61 years.

Married—Doctor Stella Schaffer and Doctor Hyman J. Epstein, Feb. 12th, 1911.

Fine opening for active young practitioner at Stony Creek, Warren County, New York. For particulars address Dr. Geo. R. Thompson, Lucerne, N. Y.

Lea and Febiger have removed to their new offices, 2 West 45th Street.

Doctor J. R. Borland of Franklin, Pa., is 83 years of age and shouting hard for Eclectic medicine.

From the South Side Observer of Friday, Jan. 20, we notice the activity of our friend, Dr. Bulson, in fraternal and banking circles.

Prepare your papers for the State meeting, for this promises to be one of the most interesting held in many years.

A fine delegation has been promised from Central New York, also a good one from Western New York. Steuben promises us Sutton and Houton and Oswego one of the towns.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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NO. IV.

The State Meeting.

The great fire that occurred in the capitol on the morning of March 29th will help to fasten in the memory of "those present" the fifty-first annual meeting of our State Society, which, in consequence of this fire, was forced to hold its meeting in the grand jury room of the City Hall in place of the Common Council chamber as usual.

It certainly was an interesting meeting, and we note with particular pleasure the large proportion of young men in attendance, full of enthusiasm and earnestness.

Our State is particularly fortunate in having so many enthusiastic Eclectics backed by youth and vigor.

The cause seems safe in their hands.

Dr. Brandenburg, the president, delivered a stirring address, which will be found in this number of the REVIEW.

Interesting papers were presented, which will appear in future numbers of the REVIEW.

S. A. H.

College Commencement.

The commencement exercises of the College will be held at the Carnegie Lyceum on the evening of May 17th.

The report of the faculty will be delivered by Dean Hardy, the address to the graduates by Lee H. Smith, M.D., of Buffalo, chairman of the Question Committee of the Examining Board of the State of New York; and the valedictory address by Victor Von Vuruh. The degrees will be conferred by President Boskowitz.

We hope that the attendance at this commencement will equal that of last year in numbers and enthusiasm, and that our State Society, which last year held its meeting at the same time, may be well represented, for we want the State Society to take an active interest in the affairs of the College, and for its members to bear in mind that we have the facilities to give the students a thorough training, and that it should be part of their duty to see that our institution is filled with students to its capacity.

That we have always done our part in the College work our record of examinations before the State Board is ample proof.

That our classes are not larger, that we cannot fill the requests for Eclectic physicians desiring to change their location, etc., is because the members throughout the State have not been active enough in their canvass for students. This winter we have had requests for young Eclectics from 28 good localities in this State. The supply may be greater than the demand among the old school physicians, but it is the reverse with us. We could place comfortably three times the number at our command.

G. W. T.

Hints and Winnowings.

In his able and stirring appeal to all Eclectics, President Munk, of the National, well points out a fact which should receive thoughtful consideration and prompt attention. In part he says :

“The time has come when all loyal Eclectics must rally around their standard in a reorganization by States in affiliation, under the new rules, with the National Association. The membership of the National Association represents the strength of Eclecticism in the nation. It is for this reason that every Eclectic should be a member of the National Association as well as of his State Society. It is the purpose of the National organization to include in its membership every Eclectic in the land and assist in any manner possible every Eclectic interest that needs help. Such a union gives strength and a feeling of safety and security that is lost to the one who stands aloof and alone. If any member should be maltreated or persecuted, he can call on his ‘big brother’ for help, and the National Association is pledged to render just such aid whenever it is needed.”

Out in Missouri our Eclectic friends, for many good reasons, having become dissatisfied with the old school one-board systems of medical examiners, now ask to be shown why they should not have a board of examiners of their own. Dr. D. R. Alexander, of Kansas City, in writing to the *American Medical Journal*, presents their reasons for such wish, and crowds into one of his paragraphs a great deal of rock-ribbed common sense, as will be seen by the following :

“By what right should Allopaths examine or pass upon the credentials of Eclectics anyway? I would like to know. It has been argued that all schools of medicine study the natural sciences, and these subjects being the same in all systems of medicine, then what matter who, or what system gave the examination; but I assure you that upon closer analysis you will see that it does matter and matter very materially too. To explain by example let us say the Methodists and Roman Catholics both believe in infant baptism, in the

sacrament of communion, the immaculate conception of Christ, the crucifixion, resurrection, etc.; then should a young man desirous of becoming a priest be examined in these matters by a Methodist, since both sects believe the same regarding these particular doctrines? The Jews and Christian Scientists both believe the laws of Moses; should the young Rabbi be examined by the Readers of Mrs. Eddy? Of course not. Then neither should the Eclectics continue to be examined by the Allopaths, although both schools of medicine may study some medical subjects in common."

Water has not usually been regarded as a potent anesthetic, but Dr. J. F. Saphir says that he has been employing water to produce local anesthesia for more than three years, and that he has found it to be an efficacious anesthetic in minor operations. The anesthesia continues for from five to ten minutes. In an interview the doctor says:

"The plain water anesthetic is here to stay, and it will positively supplant the old way in almost every operation. When I began experimenting with it several years ago, I kept using a weaker and weaker solution of cocaine, until I finally injected sterilized water. The result was most gratifying. At first I used only the reduced solutions or plain water on very simple operations, but gradually I learned that it was effective also in major operations.

"The entire procedure and operation of the water anesthetic is based upon simplicity. The anesthesia is obtained by filling up the the tissues at any given point and producing a pressure on the nerve endings. The water is injected until the surface becomes glassy white in appearance. The only pain the patient suffers is from the insertion of the needle.

"The after effects, so common when chloroform or ether is used, are avoided. I have performed operations in my office, using the water anesthetic, and the patients were able to leave for their homes within an hour.

"Of course there are some operations, those directly affecting the brain and others of a similar nature, where the old way will remain in vogue. But we have had success with water in some very difficult operations—even in operations for appendicitis."

Now another "smart Alec," who claimed to know all about the cause and cure of infantile paralysis, has come to grief. This time it was one Hosmer, of Lynn, Mass., and his treatment consisted in applying over the spine some powerful acid until the bone was exposed to view. He got off with a fine of \$250 for practicing medicine without a license, but a few years in state prison would have been a more suitable punishment.

The public posters advertising melodrama and picture shows should be denounced by every right thinking person, and it would

seem that doctors especially should take a positive stand against the evil. The pictured heroizing of outlaws, the eternal pistol pointing, the ready dagger drawing, the robbery and the violence of all sorts pictured are even worse than the too liberal display of the female form. They are all villainously suggestive, day after day, before the eyes of the youth of the land, and the harvest is very likely to be reaped in reformatories and penitentiaries.

It has been conservatively computed that \$60,000,000 are annually spent for "patent medicines" in the United States, enough to give every physician in this country a yearly income of \$2,000. Some of this dope is known as "proprietary medicine," and is often for the first time brought to the knowledge of the user by being sent to a drug store for it by his medical attendant. Oh, when will some doctors cease to be such "easy marks." Self-respecting physicians would do well to give the "proprietary medicine" situation serious consideration.

An elderly and successful physician, in advising a young graduate who was about to begin the practice of medicine, in substance said: Never do a thing in your office that you are unwilling to publish in the newspapers, for anything not good enough for publicity is too low for a decent physician to engage in. The young doctor who adopts this advice as a professional guide will never have occasion to regret it.

The uselessness of expert testimony as to whether negro blood can be determined from external indications was recently demonstrated in Baltimore. It seems that a young girl having a white skin had been placed in a home for colored children, and interested parties brought suit to have her removed, claiming that she is a white child. A prominent medical expert testified that he found no indications of her being of negro parentage. The attorney for the home, however, produced a marriage license of the girl's parents which showed that they were negroes.

A month of fasting is not likely to become a very popular therapeutic procedure, even if such treatment, in a number of instances, has afforded the most gratifying results. The latest case of this character is that of a woman suffering from a complete nervous breakdown, who decided to take the fasting treatment and continued it for thirty-six days. In speaking of the results of her fast she says:

"After the fourth day I had no desire for food, although I saw others eating. I lost thirty pounds, but did not become especially weak, and my mind was unusually clear, in better working condition than before the fast began. I do not say that the fast absolutely restored me to vigorous health, but that I received great benefit from it there is not the slightest doubt."

Dr. Herbert Snow, of London, while violently denouncing the use of diphtheria antitoxin, before a New York audience of the laity, is reported to have said: "In the old days we could cure *any case* of diphtheria within forty-eight hours with sulphurous acid in frequently repeated doses." A physician making such a statement to laymen plainly evidences the fact that he is willing to sacrifice the truth for a little cheap notoriety. Is there a physician living who can remember a time when "any case" (meaning *all* cases) of diphtheria could be saved by Dr. Snow's method, or by any other means? Indeed, there is not; but we who have practiced many years can well remember times, both before and since the introduction of antitoxin, when, despite our sleepless nights of watching and every means known to medical science, diphtheria has caused beautiful little children to pass over to the great Beyond. Evidently Dr. Snow is either a man of very little experience or one who has become obsessed by an unusual notion.

Whether the common drinking cup is capable of conveying infection other than that of syphilis is uncertain. There are no authoritative instances on record where tuberculosis has been conveyed in this manner, although the popular belief seems to be that it is so transmitted. It is, however, positively known that syphilis can be transmitted in this way, although there are not many cases that can be cited, but if the common drinking cup can be held responsible for such infection, its abolition would save much innocent suffering.

There can be no doubt that the public schools are the most certain centers of infectious and contagious diseases. Their inspection should, therefore, be frequently made by the regularly appointed health authorities. Competent inspection would make possible early segregation of infected cases for the protection of other children. The public money, however, should not be wasted on inexperienced and incompetent inspectors.

Doctor, how about that dollar you intended to send in for your *renewal*? You know Uncle Sam has become real "chesty" of late, and you certainly would not try to practice medicine without *your* REVIEW.

J. W. F.

Medical Authority in America.

Samuel Thomson's was the voice crying in the wilderness of medical thought as expressed by the dogma of benighted allopathy; his the voice preparing the way for one who was to come after, whose fertile brain was destined to evolve a kindlier, safer and more successful treatment of those who must bear the burden of bodily ills. Just as the soil must be prepared before the seed may be sown, so must

every advance in human endeavor he preceded by a preparatory agitation in the thought-world. In the domain of medicine the way was prepared and the master appeared. The father of American Medicine, or Eclecticism, entered the arena in the person of Wooster Beach.

Wooster Beach was born at Trumbull, Connecticut, in 1794. Observing and thoughtful, he grew to manhood, developing into a many-sided man desirous to do the right as right appeared to him. He was honest and sincere; earnest in purpose and filled with enthusiasm for whatever engaged his attention. The agitation which was going on in medical practice caused him to investigate this field of human endeavor and after acquainting himself with the drastic criticism of the allopathic dogma by such men as Rush, Hamilton and Gregory, he became imbued with a strong distrust of the old school practice. He saw that the old school practice of medicine was not founded upon correct principles nor consonant with common sense, and therefore a curse to society and decidedly dangerous to the sick. He saw the suffering of men increased by the treatment; their vitality destroyed, and, in many instances, permanent disease established when health and strength should have been restored. Seeing all this, and also acquainting himself with the simpler methods used by other physicians than those of the old school, as well as Indian doctors, herbalists and old women, he became convinced that there were better remedies, safer methods and greater success to be gained by using the simpler remedies derived from the vegetable kingdom.

Selecting the practice of medicine as his life-work, Beach became a student of a botanic physician practicing in New Jersey, and when the preceptor died, succeeded him in the practice. During all this time he never refused to learn, from whatever source the information or knowledge might come, if it was worth the knowing, and appealed to his common sense.

His reputation as a successful physician soon grew beyond the confines of the little village of Amwell and he was invited to practice in the city of New York. But authority was thoroughly entrenched in the State of New York, having builded an impregnable wall around the practice of medicine, and so thoroughly fortified it that, for one to enter the practice he must have a permit from allopathic authority. The law in the State of New York at the time Dr. Beach sought to establish himself within its borders made it a penal offense for anyone to practice medicine in that state without authority had been granted by the allopathic school. His only course was to secure a medical degree from authority if he would practice in New York, so he entered the medical department of the University and graduated therefrom in due time. This was getting over the dog only. He must also climb over the dog's tail by becoming a member of the New York County Medical Society, which he did. Having submitted to the dictates of

authority in order to gain a legal standing, he proceeded to practice medicine in accordance with his former methods of healing the sick.

Dr. Beach not only practiced in his own way, but endeavored to introduce the Reformed practice through the medium of the medical profession. In this he was not successful, but did succeed in setting the hounds of authority at his heels. He finally gave up this idea after arriving at the conclusion that "the greatest success comes only through universal knowledge; that a high degree of development can never be reached if knowledge be confined to an exclusive, privileged few, and therefore decided that a revolution in medical practice could only be brought about by the dissemination of principles through the masses of the people." Accordingly he opened an infirmary for the purpose of clinical observation and began a career as a public teacher. This infirmary was afterward expanded into the Reformed Medical College of the City of New York, and thus were crystallized the principles of the American, or Eclectic, practice of medicine. It is said of him: "Dr. Beach was quick to put forth efforts to elevate the standard and make the Reformed physicians skillful as practitioners. His aim was not to cultivate the notion of a fixed or routine system, but to release the mind from the dogmas of creeds and systems, the doctrines of the medical schools as they were then taught, and to direct it into the broad field of investigation. He secured the permanency of the system, not so much from the theoretical and inductive processes of his reasoning, as from the practical results of his clinical teaching."

In addition to teaching his doctrine Dr. Beach added the compilation of medical works which were very highly appreciated, especially in Europe. The King of Prussia awarded him a prize medal and conferred upon him a Corresponding Membership in the Medical and Surgical Society of Berlin. Similar medals were conferred by William IV of England, Louis Philippe of France, the kings of Holland, Saxony and Wurtemberg, and by Pope Gregory XVI.

Wooster Beach was not without honor in his own country, as "leading citizens, members of the bar and medical profession, judges and clergymen, were among those who commended him and his works. Dr. James R. Wood, of the Bellevue Hospital Medical College, declared him one of the greatest men of the age."

Rafinesque, in a letter to Dr. Beach, said: "I must now state again, that I think highly of your medical work. I belong, like yourself, to the Reformed practice of medicine, and agree with you much better than with Thomsonian, Homœopathic and Botanical Empirics. Your system is a good one. If not perfect, it is better, at any rate, than most of the fashionable systems—Galenian, Brunonian or Mineral."

Thus we find that Dr. Beach was not considered an ignoramus or charlatan. The founder of the Eclectic school in medicine was deemed

worthy of praise and his system of practice commended; not by medical authority, however, as will be seen when we come to trace its subsequent treatment of him. The dominant school, however, is not devoid of noble, broad-minded, honorable men who elevate themselves by granting to other men that which is due them. Such men there were in Beach's time. They belonged to a nobility which ennobled itself by acknowledging the worth of other men; which did not fear contamination through contact with them. They did not hesitate to praise their achievements. Such men believe in the democracy of mind; in the universality of truth; and having risen above the pettiness of mediocrity, are guided in their relations with their fellow men by elements of character unknown to the intolerance of bigotry.

Stephens.

Original Articles

President's Address.

BY C. W. BRANDENBURG, M.D.

Officers, Members and Friends of the Eclectic Medical Society of the State of New York:

We are assembled to-day to hold our fifty-first annual convention.

I trust that your deliberations may be both pleasant and profitable.

We are here to-day to give friendly greetings to our former medical classmates, to freely extend the hand of good fellowship to our old and new made friends, to interchange ideas regarding our professional life work, the relief of suffering humanity, which creates sympathy, sounds fraternally, causes Selfishness to recede and Benevolence to take its place in our minds, and as a result our association performs an important service to the people, because we will return to our homes with broader views, which teach us the utility accruing from the knowledge of the Brotherhood of Man, sharing all the benefits of an organization, partaking of each other's medical knowledge and contributing what we can to the general welfare of our Society and School.

Medical Bills.—There are two bills that have been introduced in Congress and others may follow which are as a rule so constructed that unless carefully analyzed we may be led to believe they refer to health legislation, rather than medical regulation.

The Mann bill provides that "at public expense, they may issue information in the form of bulletins and otherwise publications for the use of the public."

One medical editor has wisely said these "otherwise publications" may mean any and all things.

One point in this bill, that under such law, text books may be written, spinning doubtful knowledge, to be read freely by the people, and when their minds have been captured and public opinion created, influential individuals might be granted special favors.

The Owen bill, introduced by the request of the American Medical Association, is too long in its objectionable features for me to quote in this address.

We should give our careful attention to the reports of all medical legislation and use our influence by writing articles against laws which interfere with the rights of any school of medicine. President Taft's idea, as conveyed in his message, implies that all recognized schools of medicine should be represented thereon. Medical legislation is of interest to us now as it has been in the past.

I commend your careful reading of Holiday Papers by Andrew S. Draper, LL.B., LL.D., Commissioner of Education of the State of New York. On page 17 we may read:

"We have been speaking of the rights of individuals in the educational opportunities which the State provides. It is fundamental that they should be equal.

"If the political power of the plain people were not to prevail the State might proceed upon lines and set up institutions that would be without interest, or wholly inaccessible, to millions of people.

"If the State must not grant special favors to individuals, it must not allow an influential class to shape public education to its exclusive or particular advantage. It must have not only the rights, but the interests of all in mind when projecting its educational policies. It must not only provide storehouses of learning, but must make proper *roads* so that the diligent can get to them."

The commissioner certainly voices the principles of the Eclectic School of Medicine, which may be found in our publications of years ago. If the ideas of Justice which the commissioner so ably advocates were applied to the enactment and administration of medical laws, it required, the sacred rights and constitutional liberty of the people would be protected.

Individual progress is the most vital issue of the times and should not be hindered by restricted laws which are given publicity in newspaper and magazine articles, and are advocated under the pretense of the protection of the public health, by so called medical reformers of corporation fame, who believe they are the only educated individuals, who dare insult the understanding and wisdom of the people.

I heard my medical preceptor say, many years ago, that "Progress is made by individuals and not by corporations."

Class legislation has its origin in a sprained imagination and its foundation is laid upon Selfishness, Arrogance and Conceit which has no capstone of Benevolence, Judgment, Reason or Foresight.

The distinguishing and peculiar characteristic of the captains and followers of Ancient theory and practice of Medicine in modern times is, no doubt, their careful avoidance to obtain an accurate acquaintance with nature and action of the *Materia Medica* and Therapeutics of the Eclectic School.

We have in our Society physicians who have received their medical learning and diplomas from "old" school colleges of note, who have tested the powers, scrutinized and made careful trial of the methods of specific medication and diagnosis and are now making application of our remedies with benefit to the patient and satisfaction to themselves.

We welcome these intelligent liberal physicians of any medical school who have strayed away from the Nihilist in Medicine to join our society and become Specific Medicationists.

Organization.—The subject of organization appeals to me as being of vital importance.

Unification is antagonistic to organization.

Some one has said that unification is a valuable asset, if you are fortunate enough to be the unit.

Organization for us means co-operation, which is the great foundation upon which our future must necessarily rest.

The growth of our organization should be increased by the devising of some system which will induce the large number of reputable liberal physicians, no matter where they may have graduated, who do not belong to our society, to join our organization and become active members.

How can we persuade those physicians who are so close to the threshold of our society and school of medicine to believe and know as we do that the interest or spirit taken by every Eclectic and liberal physician in our county, state and national societies uplifts the individuality and adds to our success, because each and every member strengthens the knowledge and power of every other.

As a society and school of medicine we are very hopeful for our future, because we are better organized for our work than ever before in our history.

We have eight most excellent medical journals logically and forcefully supporting our cause.

Our physicians have contributed to our medical literature by writing a large number and variety of medical text books containing valuable and practical medical knowledge, which can be found in our libraries with other standard medical works. Our libraries also contain books and magazines which contain the writings, giving the knowledge, wisdom and advice of the founders of our school which should be studied by all of us.

Our medical colleges are equipped with the necessary laboratory apparatus, the clinical facilities are ample for teaching the various

branches of medicine, so that the medical student can make application of his laboratory knowledge to his clinical experience.

We give special attention to *materia medica* and therapeutics, which is absolutely necessary for successful medical practice, a branch of medicine so often neglected by the million-dollar university.

We are extremely careful not to teach the use of a drug or combination of drugs which may through well-managed advertising ride on a wave of popularity until it reaches the light of wisdom and sad experience, is at once discarded by the medical profession, and is hopelessly lost or buried with all the other ancient medical wonders. I saw printed this question, "What good does it do any one to know so many things that are not true?"

Channing has said, "You may accumulate the most expensive apparatus for instruction; but without an intellect-gifted teacher it is little better than rubbish."

We shall continue to pattern after the model that Channing has given.

Let us as an association and individuality bear aloft the torch of Eclectic medical progress and continue to teach others, physicians and students, to march under our banner with our intelligent common-sense motto, "Sustain the vital force."

In closing I express the wish and hope that our society may continue pursuing the noble humanitarian traditions of the Eclectic Fathers.

Digitalis*.

BY JOHN URI LLOYD, PH. M.

Digitalis purpurea occurs throughout the greater part of Europe, being, however, generally absent from limestone districts. It was used in domestic medicine in early days, and by the Welsh as an external medicine. Fuchs and Tragus, 1542, pictured the plant, but remarked that it was a violent medicine. Parkinson commended it in 1640, and it was investigated in 1776-9 by Withering, through whose efforts it was introduced into licensed medicine. *Digitalis* was originally employed as a remedy in fevers, in which direction it is no longer used. In 1799, J. Ferriar of Manchester, England, contributed a treatise concerning the medicinal uses of this drug, which was also described by Withering, Bosch, Moore and other authors of that period. At present

*Lloyd Library Bulletin No. 18, will give a brief history of every drug of the Pharmacopeia of the United States, 1900 edition. This Bulletin, like other Lloyd Library publications, is not in general circulation, nor is it sold commercially, being designed solely for exchanging for the publications of Societies and Academies of Science. Extra copies will be printed for those who, before May 15th, address, with One Dollar, "The Lloyd Library," Cincinnati, Ohio.

it is largely valued for its poisonous action, and is by some standardized by its physiological qualities when injected into the veins of lower animals, the United States Government having issued a bulletin on the subject.

The Eclectic uses of *Digitalis* are based on its kindly influence, instead of its poisonous action, the aim being to avoid heart shock. Consequently, the Eclectic Specific Medicine *Digitalis* is not based on the physiological poisonous action that bases the old school drug valuation.

Sodium Sulphite.

BY ALBERT S. GOMBAR, M.D.

Read at a meeting of the Specific Medication Club.

Sodium Sulphite (Na_2SO_3) is prepared by passing sulphurous acid gas to complete saturation into a solution of sodium carbonate, the product evaporated and crystallized. It occurs in the form of monoclinic prisms, transparent, colorless and odorless, with a saline, acrid and unpleasant taste, suggesting sulphur. It effloresces in the air, and by absorption of oxygen is increased to the sulphate. The powdered salt is preferable for general administration. Dosage: The salt is given in from 2 to 20 grains, 10 grains being about the usual dosage every 2 or 3 hours. The principal objection to its use is its unpleasant taste, which is difficult to conceal.

Sodium sulphite is specifically indicated where there is pallor of the tissues of the tongue, which is broad and coated with a fur, or with a whitish or yellowish thick, moist coat.

Prof. Polli of Milan, in conducting a series of experiments, took 15 grammes daily of this salt, and found that he lost all feeling of thirst, the excrements lost their usual fecal smell, which was replaced by H_2S , and the urine excreted during its use remained fresh, acid, and clear, and did not undergo ammoniacal decomposition for 8 to 10 days, during the hottest Italian summer, whilst that excreted before, and some after the salt had been discontinued, became ammoniacal, fetid and covered with fungoid growths in from 5 to 7 days.

He also tried the salt as a prophylactic and as a curative agent on animals, in which a septic disease had been artificially induced, by the injection into the veins of different animal poisons. The result of these experiments practiced upon dogs, proved that the salt had the power, in some instances, of entirely preserving the animal from the action of these morbid agents, while in others, of enabling the animal after a short illness to regain its health; while in almost every instance of septic injection the sulphite sufficed to effect a more or less rapid cure of the induced fever. The salt is readily absorbed and appears in the urine unchanged in about 20 minutes after it has been swallowed, but

it is partially changed in the system into sulphate. Applied locally it acts as a stimulant to healthy action, sedative and deodorizer.

At the suggestion of Prof. Graham, of London, it was used as a specific for vomiting of frothy or yeasty matter, i.e., the result of the fungi "*torula cerevisiæ*" and "*sarcinæ ventriculi*." He believed that the sulphurous acid, necessarily extricated from the salt in the stomach by the acid of the yeasty matter, would destroy the parasites.

If these micro-organisms are discovered and removed, the nervous excitement abates, pulse and temperature are reduced and digestion again encouraged. In typhus and typhoid fever, good results were obtained whenever the indications were present. In smallpox, measles and erysipelas it has been advised, and some foreign authors have said that it will mitigate the disease, rendering the confluent and malignant forms benignant, shortening the course of the milder forms, and accelerating convalescence.

Dr. Snow Beck first recommended it in puerperal fever, in its earlier stage, by injecting it into the uterine cavity, so as to remove all noxious matter.

In gangrenous, phagogenic and foul ulcers a solution of sodium sulphite in 10 to 20% strengths, applied locally as a wash and kept in contact by compresses soaked in it, is very useful in destroying the fetid odor, and establishing healthy action, while at the same time it soothes the pain.

New York City.

Podophyllum Peltatum.

BY M. B. PEARLSTIEN, M.D.

Read at the November meeting of the New York Specific Medication Club.

In presenting this drug for your consideration I shall not go into its botanical description, but will consider its uses in so many disturbances of the liver and gastro-intestinal tract.

Podophyllin is an Eclectic drug, discovered by one of our fathers of Eclecticism, Prof. John King, in 1835. Dr. King described the drug in the *Philosophical Journal and Transactions* in 1844 and named it "Resin of Podophyllin."

Through the influence of Professors King, Morrow, Hill and other prominent Eclectics at that time, the drug had quickly assumed a very prominent position. Podophyllin, appearing as it did in the heat of the celebrated controversy over the abuse of the mercurial preparations, then so extensively employed in regular practice, was hailed by Eclectics as a vegetable substitute for the mercurials and was called by them the Eclectic calomel.

Podophyllin became an official drug and was considered as such in the U. S. P. published in 1860.

From these early days the drug has been continually used with

much gratification. Like most of our Eclectic remedies, podophyllin had many stinging criticisms at first, formulated, of course, by the so called talented writers of the old school of medicine, with the usual results of yielding to its use in so many important indications. And to-day you can obtain podophyllum, podophyllin, or both, in more than 90% of all drug stores in the civilized world.

Podophyllin is a powerful remedy and a very useful one when indicated. It is considered a remedy for "sluggishness" of the circulation, brain, skin, kidneys, etc., accompanied by liver complications. Podophyllin is a cholagogue and liver stimulant, tonic, alterative, tonic laxative and purgative, according to the doses given. It is the liver remedy no matter under what name you call it.

Specific indications and doses.—Dirty yellowish-white tongue, particularly at the base, with flabbiness; fullness of the head and circulation, accompanied by vertigo and uncertain gait; also general depression; distention of the abdomen, fullness in the right hypochondrium with small sharp pain, tenderness on pressure and dullness on percussion; sallow skin, sodden countenance, biliousness; bilious urine and dry scybalous or clay-colored stools. The extremities are cool, accompanied by oppressed heart action and occasionally irregular or intermittent pulse. The patient appears dull, sluggish, listless and inactive.

H. Felter claims that podophyllin given in four or more grains to a dose will operate as an active emeto-cathartic, with griping, nausea, prostration and watery stools. From two to four grains podophyllin will act as a drastic cathartic with nausea and griping. From half to two grains it generally operates as an active cholagogue-cathartic, operating mildly yet effectually, arousing the whole biliary and digestive apparatus to a normal action. In much smaller doses podophyllin acts as a tonic and alterative.

Podophyllum through the action on the liver is a powerful drug in eliminating morbid material from the body.

In biliousness and bilious headache, in auto-infection or ptomaine poisoning, podophyllum acts as a tonic, laxative and alterative.

In remittent or intermittent fevers, podophyllum given in small and frequent doses will, by its specific influences on the hepatic circulation, act as an antipyretic or febrifuge.

Podophyllum eliminates morbid material from the intestinal tract, at the same time stimulating peristaltic action in cases of stubborn constipation, accompanied by sluggishness of the liver.

In enlargement, cirrhotic or amyloid liver, in hepatic colic or catarrhal jaundice, also in cholecystitis, podophyllum is the drug.

Podophyllum given alone in small and frequent doses or combined with chionanthus or dioscorea and bicarbonate of soda, will break up recurrent attacks of bilious colic and will prevent the formation of calculi by its continued use.

In eczematous or other skin eruptions, usually occurring upon a muddy skin with a dirty yellow, pasty tongue, podophyllin given in gr. 1/10 doses four or five times daily will do wonders in alleviating the local irritation, at the same time toning up the whole system.

Through its action on the mucous membrane and glandular system, podophyllum is a powerful alterative; also a stimulant to the sympathetic nervous system, as it principally acts upon the parts supplied by the "solar plexus."

In typhoid and malarial fevers, in grippe and other such conditions accompanied with liver sluggishness, podophyllin given in small and frequent doses will help materially to throw off the poison.

In very small doses gr. 1/50 to gr. 1/20, combined with hydrastin gr. 1/8 to 1/4, podophyllin will improve digestion and stimulate normal excretion.

Small doses of podophyllin, combined with santonine acts well in tape worms—and with collinsonia it acts well in hemorrhoids.

The following list of drugs are pleasant adjuncts and increase the therapeutic value of podophyllum: Hydrastis, cinchona, chelidonium, chionanthus, dioscorea, leptandra, iris and nux vomica.

Podophyllin is used in preference to the fluid podophyllum, as it is more palatable and, when combined with other alkaloids, makes a better and more inviting appearance.

Podophyllum is so cheap as to forbid intentional adulteration—and yet it is often contaminated with foreign roots. The most serious difficulty in connection with this drug is that of its being collected in the spring, when the root is comparatively worthless, instead of in the fall after the top has dried.

Brooklyn, N. Y.

Treatment of Colic.

BY ELI G. JONES, M.D.

The more gas there is in the bowels the stronger the indication for dioscorea. The pain begins at the umbilicus and radiates over the abdomen. This pain is of a griping, twisting character, as if the bowels were grasped and twisted by a powerful hand. The pain is aggravated from bending forward and lying down; relieved by standing erect or bending backwards. Give tr. dioscorea 60 drops in wine-glassful of hot water once in half an hour. It is also the remedy in renal colic in the same dose.

Colocynth is indicated in colic when there is great restlessness and agonizing pain that obliges the patient to bend double, to press something *hard* against the abdomen; he leans over chairs or table to get relief. Pains are worse after eating or drinking. Give tr. colocynth gtts. v, aqua ζ iv. Mix. Sig. teaspoonful every hour. In colic in chil-

dren with abdomen distended like a drum, the child draws its legs up and screams with pain. In this condition chamomilla is the remedy. Tr. chamomilla gtt. xx, aqua \bar{z} iv. Mix. Sig. teaspoonful every hour until relieved. This remedy is an ideal one for the babies, and is more frequently called for than any other remedy, for the reason that babies are so frequently troubled with "wind" colic. It is a remedy that has gained friends for me among the mothers. A doctor who has good success with children will win the confidence of the ladies every time. In many cases the baby will cry and refuse to be comforted. It is hard to find out the cause of the trouble. Drop five drops in the above chamomilla mixture of tr. belladonna. Give teaspoonful once an hour. In a short time the baby will be resting quietly in its mother's arms. "What is that medicine, doctor? It has acted like magic!" This is what many mothers have said to me, and many of my families keep tr. chamomilla in the house and found it a blessing when the mother is worn out with a crying baby. Remember the more *gas* in the child's bowels the stronger the indication for chamomilla.

Burlington, N. J.

Items from the Field of Neurology.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

Walton, in the *Jour. of Nerv. and Ment. Dis.*, reports a case of frontal tumor diagnosticated as cerebellar. The early complaints were pain over the right eye and down the right side of the face and neck, loss of vision, and vomiting for a year. Severe and constant pain in the occipital region and back of the neck, with drawing of the head backward, and to the left shoulder. There had been hysterical attacks with screaming. There was unsteadiness on standing. There was double optic neuritis, with marked projection of left disk. The right pupil was larger than the left, both reacting to light. There was no asynergia, but decided diadokokinesia on the left arm. The tumor was found post mortem projecting into the cavity of both lateral ventricles on each side of the septum lucidum.

Among the physical disorders of dementia precox met with are attacks of syncope, epileptiform, apoplectiform, localized spasms, choreiform movements, exaggerated reflexes, increased salivary secretions, vasomotor disorders, diffuse enlargement of the thyroid gland, emaciation in the acute and subacute stages and a rapid increase in weight in the later stages.

I found specific Hydrangea to be of great service to me in myelitis; it relieves the irritation of the urine, prevents formation of deposits, and relieves the pain in the region of the bladder on micturition, but if the pains in myelitis shoot up to the opening of the urethra, specific

Elaterium in very small doses is the remedy, and in all cases where you will find a painful vesical tenesmus, and violent cramps like aching in the parts after urination, specific Elaterium will never fail you. (From Adlerman's Nervous and Mental Diseases.)

No, thanks, I am not one of the celebrated 13 alienists, yet I might have done the same perhaps, if I honestly thought "it" was so.

The two most important problems are the differentiation of acute poliomyelitis, from Landry's paralysis, and that of the latter condition from acute toxic polyneuritis. The following points are of value: (1) The constitutional symptoms in poliomyelitis are more marked than those in Landry's paralysis, the temperature is higher (102-104) and vomiting and malaise more profound. (2) In Landry's paralysis there often is pain in the back, numbness and tingling before and during onset of paralysis. In acute poliomyelitis the pains are in back, head, neck and limbs as well, and the pain very severe, elicited by passive movements of the affected extremities.

In Landry's paralysis the musculature is affected, the trunk and limbs presenting a degree of paresis which is more or less symmetrical and equal. When the muscles affected by the cranial nerves are involved, deglutition, articulation, and the movements of the face and jaws may be impaired. The deep reflexes are rarely always abolished in Landry's paralysis.

In some few cases of paresis symptoms of exudative syphilis introduce the disease. The specific exudate presses against the convexity or against the base.

Hysterical manifestations in brain tumor must be borne in mind, especially in tumors of the frontal lobe, as mistakes are often made in this class of cases.

About twenty-four per cent. of all cases of insanity are ascribed to moral causes, among which are classed domestic troubles, grief over death of friends, business worries, anger, religious excitement, love affairs and nervous shock. The percentage is greater in women than in men. It is doubtful if any emotion alone can overcome the stability of a normal nervous system, and it is only in the weakling, in nervous constitutions tainted by heredity, that extreme emotions will produce a turn to the worse in the equilibrium of the individual.

Secondary dement, together with cases of dementia praecox, make up the greater number of patients in the large insane asylums, and

these cases are increased from day to day by new cases which enter upon this incurable condition.

The diagnosis of paralysis in the course of the sciatic nerve must be based upon the function of individual muscles, and this cannot be very difficult, if there is a history of trauma. If the injury is excluded we must decide whether we are dealing with a case after some febrile infectious disease, or intoxications from organic or inorganic poisons.

Ponnellé noticed that young girls with tetany were cured mostly at the onset of the first menses. Some cases of the affection have occurred at the climacterium, and endometritis and carcinoma of the uterus have also been found to be associated with the development of tetany.

While sunstroke is not as a rule an efficient cause of insanity, yet during the summer months sunstroke, combined with overexertion, alcohol excitement may start some mental disorder and this may range from simple loss of memory to stupor and dementia.

Brissaud, Sicord and Tanon report 18 cases of trigeminal neuralgia treated by injection of alcohol, following the method of Levy and Baudouin. They have, however, discarded the painful trocar of Levy and use a simple platinum needle of capillary diameter (0.7 of a millimeter, outside diameter, and 0.3 to 0.4 of a millimeter inside diameter) and 5 to 6 cm. in length. They inject 1.5 c.c. of 95 per cent. alcohol with or without stovain. They have had no accident of any sort. As a rule pain quickly subsides and relief lasts from 3 to 5 months.

There can be no question as to the importance of prodromal nasopharyngitis in acute anterior poliomyelitis. In addition to general symptomatic treatment, rest in bed and restricted diet with plenty of water, the infection should be controlled at port of entry by means of some mild astringent applied with postnasal spray. Paretic symptoms are sometimes prevented this way. Prophylaxis in epidemics of this disease attained by nasopharyngeal hygiene and prompt treatment of cases of nasopharyngitis.

In poliomyelitis, in the convalescent stage, the chief measures are electricity, exercise and massage. The faradic current is efficient if the muscle is weakened, but not paralyzed, and a contraction can be obtained by stimulation through the nerve supply, or at the motor point. The galvanic current should be applied in cases where there

is no voluntary movement and no response to stimulation of the nerve. Daily applications with 30 to 50 muscle stimulations are advisable at each sitting.

Gigantism is the acromegaly of the growing period; acromegaly is the gigantism of the period of completed development; acromegalo-gigantism is the result of a process common to gigantism and to acromegaly, overlapping from adolescence onto that of maturity.

In the *Berliner Klinische Woche*, Saiz, of the Trieste Insane Asylum, relates the following case of tetany: There was severe chronic tetany with cataract formation, waddling gait, skin pigmentation, brittle nails, epileptiform convulsions. The falling of the hair and the nails indicated disturbances of nutrition. The psychosis resembled that of the epileptic twilight state, as do most of the tetany psychoses, with confusion, stupor and amnesia.

In treating cases of emotional alteration it is of importance to place them at once in new surroundings, away from family and friends, to arouse, if possible, new ideas and new emotions. Suggestion in these conditions is often a good agent and will often aid in subduing old influences and old ideas and fancies.

Headache is one of the earliest and most constant symptoms in cerebral tumors. It is persistent, but subject to exacerbations; it is dull, deep and stupefying; it is one of the most difficult things to relieve.

Little need be said concerning the abuse of the modern analgesics such as acetanilid, phenacetin and the like. Some of them are profound hæmolytics and the effect that they produce needs to be carefully watched, so that some measures can be taken to combat them.

It is quite difficult to estimate the worth of counter-irritation in trifacial neuralgia. Every substance that will irritate, or inflame, the skin, from iodine to actual cautery, has been tried, but the less you use them the better. Stimulating liniments are of some use; massage will act very efficiently in many cases.

70 Rogers Avenue, Brooklyn.

Cleanse the varicose ulcer thoroughly with green soap or peroxide of hydrogen, apply gauze saturated in a 5 to 10 per cent. solution of silver nitrate and cover with woven elastic bandage. Gauze should be made damp with solution three or four times a day.—*Summary.*

Matéria Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Study of Remedies.

The students who are soon to leave our college as young doctors will no doubt find that during the early years of practice their professional duties will not require their entire time, and that they will, therefore, be able to continue their studies more or less regularly. In doing so it will be well to give careful attention to therapeutics. Every physician should, so far as possible, make himself thoroughly acquainted with the indications for his remedies, and thereafter keep them fresh in his memory. The young physician, however, should not attempt to study a great number of drugs at first. It is much better to know a few remedies well than to have an imperfect knowledge of many drugs. Twenty or thirty firmly established remedial agents afford a very good working *materia medica*, and if carefully studied will enable the practitioner to successfully treat a large number of diseases. When one becomes well grounded in these drugs, additions may be made to the list, and in this way an extensive knowledge of drug action finally acquired.

In making this study the young doctor should begin in a systematic manner. In the first place he will do well to take his *materia medica* and make a list of the drugs he knows something about. Now, having this written list of remedies before him, he should proceed to make a classification of his own, and one which he can revise as his knowledge of the remedies increases. Possibly it may be well, at first, to divide them into those which have a general action and those which have a local action. The action of some of them will be, of course, both general and local, but one or the other will be the most pronounced, and therefore the classification can be made sufficiently accurate for all practical purposes. After the remedies have been sufficiently studied in their relation to this classification, they may with profit be classified as excitants, sedatives and alteratives. This new grouping will add interest to the study and a knowledge of their action sufficient to enable one to make sub-classifications according to their action on the brain, the spinal cord, and the sympathetic nervous system. Still further classifications may be made according to the action of the drugs on the structure of the blood, its circulation and regular distribution. Again, one may divide them according to their action on the lymphatic system of the entire body, as well as regards their influence over the apparatus for the removal of waste.

The study of *materia medica* conducted in this way soon becomes one of absorbing interest and of great profit to the practitioner of medicine.

Whole Drug Preparations vs. Fragments.

That plant medicines should be prepared to hold so far as possible the natural bonds of union of the characteristic structures found in the native state has been an oft-enunciated principle of latter-day Eclecticism. The divorcement of parent drug from broken out principles has been consistently opposed by leading Eclectic practitioners from the very beginning of our pharmacy, though early efforts at concentration were made by some. Even the latter proved to yield inferior medicines, and such methods were long ago relegated to the past history of experimental pharmacy so far as Eclecticism is concerned. Eclectics have from start to finish persistently and consistently demanded as nearly as possible whole plant medicines. They have done so because clinical experience, that best of medical teachers, has taught them that with energetic drugs the best, fullest, and most uniform results come from such medicines without the dangerous drug shock that so often comes from the administration of extremely toxic fragments—be they alkaloids or glucosides—even in the ordinarily approved dosage. On the contrary, it has also been observed that some presumably important fragments are not only not toxic but practically inert when compared with the drug from which they have been disrupted.

Notwithstanding the claims of some that an active principle represents the parent drug except in power, Eclectics who once went mad over proximates have claimed that proximate principles vary largely, so much so that products of different manufacturers are found to produce the most variable of results, and that many so-called active principles, even of presumed ultimates, fail to exert the same action and give the same therapeutic results. In this connection one has but to read the story of the so-called Aconitines.

When one has long known a therapeutic fact clinically learned, but has clinical observations only to corroborate his belief, it is at least gratifying to have a connected scientific truth uncovered that will substantiate his position. Eclectics have justly contended that aconitine no more represents aconite than atropine represents belladonna, or gelsemine gelsemium. Even old school authorities (now traveling over the old Eclectic road) admit that morphine, though the chief alkaloid, nor any of the many principles of opium, singly or re-combined, do not represent the action of opium physiologically and that the therapeutic uses of the parent drug and its alkaloids are widely variant.

While the Eclectic has taken this ground he must not be misunderstood. To alkaloidal medication as such, through indications

founded upon the long study and use of fragments, he is not antagonistic, nor does he deny to others the right to such a practice. He believes, however, that a more desirable practice comes from the use of whole drugs because certain alkaloids are often too energetic and less readily under the control of the prescriber. In other words, he regards it a far less safe therapy as now practiced. But what he objects to most strenuously, and rightly, we believe the reader will concede, is what was pointed out by the writer in an early edition of the *Gleaner*, alkaloidal therapy teachings by indications not established upon a study of the use of alkaloids themselves, but upon the whole drugs from out of which the principles have been broken. Reasoning by kinship that such indications will apply is neither truthful nor just: for it is well known that there are balanced therapeutic possibilities and power in such drug structures which have never been dissociated that cannot possibly belong to an isolated fragment. Such power may be one of added strength or one of restraining influence. We assume that it is not fair to the practitioner to mislead him in this matter, nor to jeopardize the life or health of the sick by over or under medication through ill-adapted drug substances and ill-advised indications.

On the other hand the physician who uses natural drug compounds, upon indications founded upon such entire drugs, gets the fullest and best action of his medicine with the least variability and least danger of either toxic results on the one side or non-effect on the other. He has, too, a controllable medicine; and besides, he has the lessons of history to fortify him in the long and uniform testimony from the experience of Eclectic physicians in nearly fifty years' use of whole plant products. Few will gainsay the fact that the Eclectic physician has half a century of experience in these directions, nor will any one deny that our Eclectic pharmacists have advantages in the direction of proximate principle manufacture second to none, either as to experience or apparatus. The Eclectic knows and has tested the indications, which take years to establish, founded upon drug integrity. He has found them to work out so true that for ourselves we can see no reason why he should risk the substitution of a dangerously toxic alkaloid in preference to the more kindly methods known to him, particularly if the treatment be of women and children.—*Dr. Harvey Wickes Felter, in Eclectic Medical Gleaner.*

Baptisia Tinctoria—Wild Indigo.

In our search for new remedies we must not forget this old favorite of Beach and Scudder, the ablest of all of the many good drug-investigators of the nineteenth century. This thought is suggested by the apparent inclination of some of our journals to neglect baptisia for other more recently developed drugs. It may be well, therefore, to

again call the attention of our younger practitioners to some of the more important merits of this valuable old remedy.

This small perennial shrub affords alterative, stimulant, astringent, emmenagogue, tonic and antiseptic properties of great usefulness. In very large doses it acts both as a cathartic and emetic, but for these purposes it is not a desirable drug, as in the necessary dose it is liable to produce a very disagreeable relaxation of the nervous system.

Indications for baptisia are frequently seen by the general practitioner of medicine. In continued and remittent fevers it is often a needed remedy, and in scarlet fever it frequently constitutes a useful medicament. It is also of value in many cases of diarrhea and dysentery. In all abnormal states characterized by livid or blanched membranes and putrid secretions, with a tendency to ulceration, baptisia will exercise a decided influence in a curative direction. The specific medicine, applied full strength, is a positive cure for herpes circinatus. One half ounce of specific baptisia added to one pint of water constitutes a good lotion for ulcers and foul sores of all kinds, and one drachm of the same preparation well worked into an ounce of vaseline makes a good ointment for inflamed tumors, as well as for ulcers.

The use of baptisia should not be neglected whenever the following indications are presented: Full and purplish face, resembling that of one who has long been exposed to severe cold; dusky coloration of the tongue and mucous membranes; typhoid conditions with a continued moist, pasty coat on a tongue of normal redness; slick tongue; looking much like raw beef; stools looking like "prune juice or meat washings"; dark, tar-like, fetid discharges, mixed with decomposed blood.

The dose of specific baptisia (or a good fluid extract) is 10 to 30 drops, but it may be efficiently employed as follows: R Baptisia, gtt. x to xx; water, ʒiv . Teaspoonful every hour.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Louisville, Ky., in June, 1911. J. A. Munk, M.D., president; W. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1912, T. D. Adlerman, M.D., president; E. H. King, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. C. Lloyd, M.D., president; H. Harris, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. James Moran, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton Street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes Street, Brooklyn. A. B. Wolf, M.D., secretary.

Eclectic Medical Society of the State of New York.

The annual meeting of the State society was held in Albany on the 29th and 30th of March. It was not expected that the attendance at this meeting would be equal to that of the anniversary gathering in New York city last year, but it was surprisingly near in numbers.

The fire in the State capitol made it necessary for the legislature to meet in the Common Council chamber in the City Hall, where this society is accustomed to convene, so we were obliged to go one notch nearer the top and use the grand jury room. The superintendent of the city hall, however, arranged matters so that we were very comfortable.

The papers read at the meeting were of excellent character and did great credit not only to the writers but also to the society. The program contained the following papers:

"The Road to Insanity," by T. D. Adlerman, M.D., Brooklyn, N. Y.

"Life," by Max Meyer, M.D., New York city.

"Some Points in Surgery of the Brain," by Louis Lanzer, M.D., Brooklyn, N. Y.

"Psychoprophylaxis," by J. Thornton Sibley, M.D., Kensington, N. Y.

"Treatment of Influenza," by M. B. MacDermott, M.D., New York city.

"Cancer of the Stomach," by V. Sillo, M.D., New York city.

"Notes on Gynæcology," by M. B. Pearlstien, M.D., Brooklyn, N. Y.

"Remedies in Diseases of the Heart," by Charles Lloyd, M.D., Brooklyn, N. Y.

"The Eclectic Physician," by W. S. Dart, M.D., Hobart, N. Y.

"Cancer," by O. A. Hyde, M.D., Queens, L. I., N. Y.

"A Digest on Pharmaceutical and Allied Laws," by G. W. Shaefer, M.D., New York city.

"Aconite," by G. W. Thompson, M.D., New York city.

"The Photo-Microscope," by Robert L. Watkins, M.D., New York city.

"Therapeutics of Goitre," by Lee H. Smith, M.D., Buffalo, N. Y.

"Hot Packs and Veratrum Viride in Toxemia of Pregnancy," by James Moran, M.D., New York city.

The principal legislation enacted at the meeting was the passage of a resolution decrying the establishment of a National Health Bureau as now suggested by the American Medical Association and reciting the reasons therefor. The society also offered by resolution to replace in the archives of the State Library such data concerning our school as may have been destroyed by the fire in progress in the capitol during the meeting.

The following officers were elected for the ensuing year: President, Dr. Theodore Adlerman; first vice-president, Dr. G. J. Olsson; second vice-president, Dr. G. R. Thompson; third vice-president, H. S. Blackfan; treasurer, Dr. O. A. Hyde; corresponding secretary, Dr. W. L. Heeve; recording secretary, Dr. Earl H. King.

Selections

Grippal Cough—Laryngitis—Bronchitis.

In these affections, antikamnia is indicated for two reasons: First, because of its absolute power over pain; at once removing this element of distress and placing the whole system in the best possible condition for a speedy recovery. And second, because of its power to control inflammatory processes, lowering the fever by its peculiar action on the nervous system. Codeine is strongly indicated because of its power as a nervous quietant, often quickly and completely controlling the cough. In nervous coughs, irritation of the throat, laryngitis, bronchitis and phthisis, where the cough is altogether out of proportion to the amount of expectoration, Antikamnia and Codeine tablets will give prompt satisfaction. In fact, in cases of nervous coughs, irritable throat, so commonly attendant upon influenza and la grippe, as well as in sub-acute laryngitis, and slight bronchitis, this tablet alone will often so control the cough that the disease rapidly subsides. This is not strange when we remember that nothing could keep up this irritation more than constant coughing. In the more severe cases of bronchitis and in phthisis, the patient is not only made more comfortable, but the disease itself is brought more directly under control by checking the excessive coughing, relieving the pain and bringing the temperature down to the normal standard.

A Valuable Local Anesthetic in Ano-rectal Surgery.

In view of current interest in Quinine and Urea Hydrochloride as a local anesthetic, a report of Dr. Louis J. Hirschman, of Detroit, which appeared in a recent number of the Cincinnati *Lancet-Clinic*, has peculiar pertinency. Dr. Hirschman reports a total of 102 operations, comprising acute thrombotic hemorrhoids, internal hemorrhoids, interno-external hemorrhoids, external hemorrhoids, fistula in ano, perineal abscess, fissure in ano, excision of scar tissue, Ball's operation (pruritus ani), hypertrophied papillæ, and inflamed Morgagnian crypts. Perfect results were obtained in every case so far as operative anesthesia was concerned, and in but seven cases was there any post-operative pain. The doctor uses the one-per-cent. solution in all of his cases of ano-rectal surgery when suturing of the skin is required. The technique

of administration is the same as that with weak solutions of cocaine and eucaine.

Dr. Hirschman believes that the substitution of Quinine and Urea Hydrochloride for any of the other anesthetic salts hitherto employed will prove eminently satisfactory in all cases of ano-rectal surgery in which suturing of the integument is not required. He sums up its advantages as follows: it is soluble in water; it can be sterilized; it is equal to cocaine in anesthetic power; it is absolutely non-toxic; it has a pronounced hemostatic action; it produces persistent anesthesia; it is inexpensive.

Quinine and Urea Hydrochloride, in one-per-cent. sterilized solution, is supplied by Parke, Davis & Co. in sealed glass ampoules of five cubic centimeters capacity. An ampoule is opened by breaking off the tip, when the hypodermic needle can be inserted in the neck of the ampoule and the solution drawn into the syringe. Parke, Davis & Co., by the way, issue a sixteen-page brochure on "Local Anesthesia with Quinine Hydrochloride" which should be in the hands of every physician and surgeon. The pamphlet details fully the uses of the new anesthetic, explains the technique of administration, and contains some valuable case reports. A copy may be obtained by writing the company at its home offices in Detroit.

Book Reviews

A Manual of Physical Diagnosis. By Brefney Rolph O'Reilly, M. D., C. M. (F. T. M. C., Toronto; M. R. C. S., Eng.; L. R. C. P., Lond.) Demonstrator in Clinical Medicine and in Pathology, University of Toronto; Assistant Physician to St. Michael's Hospital, Toronto; physician to Toronto Hospital for Insurables. With 6 Plates and 49 Other Illustrations. Philadelphia, P. Blakiston's Sons and Co., 1012 Walnut St., 1911.

This is a very useful compact work, well illustrated and containing all the essentials.

G. W. T.

Hughes' Practice of Medicine. Including a section on Mental Diseases and one on Diseases of the Skin. Tenth Edition Revised and Enlarged. By R. J. E. Scott, M. A. B. C. L., M. D. Attending Physician to the Demilt Dispensary; formerly Attending Physician to the Bellevue Dispensary, New York. Author of "The State Board Examination Series," etc., etc. With 63 Illustrations. Philadelphia, P. Blakiston's Sons and Co., 1012 Walnut Street, 1911.

That Hughes' "Practice of Medicine" has been very popular is evidenced by this being the tenth edition. It occupies a place between

the quiz compend and larger works on practice. Being really a manual for reference in symptoms and diagnosis and as it is bound in soft leather, it is handy and convenient. We gladly recommend it to students and practitioners.

G. W. T.

Minutes of the Fiftieth Annual Meeting and Anniversary of the Eclectic Medical Society of the State of New York. Held in New York city May 17th to 19th, 1910.

This is a record of one of the most interesting meetings that the New York State society ever held.

The Forty-ninth and Fiftieth Annual Publications of the Massachusetts Eclectic Medical Society for the Years 1909-1910, ending October 3, 1910. Boston. Printed for the Society, 1910.

It contains not only the minutes of the meeting, but an excellent engraving of the late C. Edwin Miles, who delivered the address of welcome to the National at its meeting last June, also a sketch of his career.

Truths. Talks with a boy concerning himself. By E. B. Lowry, M.D., author of "Confidences." Price fifty cents. Forbes & Company, Chicago, Publishers.

This little book, which is neatly bound in cloth, is the companion book to "Confidences," by the same author.

It contains many truths that boys ought to know, told in an interesting and instructive manner.

Definite Medication. Containing therapeutic facts gleaned from forty years' practice by Eli G. Jones, M.D. Published by The Therapeutic Publishing Company, Inc., Boston, Mass., 1911.

This book by Doctor Jones is certainly unlike most books on practice for, as he puts it, it simply contains the "therapeutic facts gleaned from forty years' practice." It contains about 300 pages and is divided into 21 chapters, each dealing with the treatment of some special part of the body.

As, for example, one chapter deals with special remedies for the brain and spine, another special remedies for stomach and intestinal canal, etc., etc. And for these conditions his remedies are given with definite indications, and his selection of remedies largely from the Eclectic and bio-chemic systems. With these remedies the doctor has had a very large experience, and has spent much time and thought in their selection. His style is conversational, convincing and practical.

The book is certainly unique in arrangement, interestingly written, and will be read with profit.

Items

It was a great meeting at Albany.

They say the hot air that left on the 2:50 train was responsible for the fire.

What was it we missed? Not the "Easy Boss." With the suave gentleman from Buffalo, the Admiral, Uncle Sam, the new Dean, the royalty from Saratoga, the Prince, Brandy with the gavel in his hand, and the Fair-Haired Boy, bosses were as thick as mosquitoes on the beach.

Uncle Sam's report seemed to please them all.

Don't fail to read Brandenburg's speech. It has the right ring.

The evening session was particularly interesting except possibly a little clique-y.

They say Teddy had it all fixed before he started, so that surprise gag won't work.

Diamond George was there with a good paper and a fine snore.

Did Moransky get that job? They say he spent more time hunting for it than in attending the meeting.

And he was in good humor too, for he and our 57th Street friend breakfasted with the Bearded Lady and the Girl in Bloomers.

"Life! Vat it is?—It is!—Is it?"

"Listen!" We missed our honorary member. His telegram of greeting was received with enthusiasm.

The country was well represented at this meeting.

My brother is President and I am pleased.

An interesting discussion followed Teddy's paper. Hard to tell who was meshugga!

Too bad so interesting a bunch came late and left early.

Hotel practice must pay, for he had bells on his fingers and rings on his toes.

On the second morning they split even and Brandy wouldn't decide.

Had Pearly had the gavel!—Well—

Tedious Convalescence.

The tediousness of convalescence from la grippe and pneumonia shows with what force the disease has attacked the tissues of the body and to what low ebb it has brought the vital powers. If convalescence is to be shortened and the ability of the body to resist tuberculosis processes is to be added to, resort must be had to such agents as will feed the tissues and make blood. For this purpose Cord. Ext. Ol. Morrhuæ Comp. (Hagee) holds high favor with the profession.

A palatable preparation of cod liver oil to which are added the hypophosphites. Hagee's Cordial of the Extract of Cod Liver Oil Compound is not surpassed as a tissue food.

Dr. John J. Mohrbacher, Class of 1910, has been appointed School Physician, City of Newark, N. J.

Don't forget Commencement, Wednesday evening, May 17th, Carnegie Lyceum.

The Beachonians have elected the following officers: G. C. Glenn, Royal Fellow; C. A. Crispell, Vice Royal Fellow; I. Horn, Treasurer; H. Steinberg, Financial Secretary; E. B. Prout, Recording Secretary; G. E. Marr, Librarian; A. A. Daly, Curator.

Central New York Eclectic Medical Society will hold its annual meeting at the Empire House, Syracuse, May 10th.

Tennessee State Eclectic Medical Society will hold its thirty-second annual meeting, May 9th and 10th at Nashville. President Holmes has arranged a fine program.

On the same dates, May 9th and 10th, at Waco, Texas, the Texas Eclectic Medical Association will meet. A number of prominent

INTESTINAL ANTISEPSIS

BISMACOL

(BISMUTH COMPOUND—MERRELL)

Formula:

Each fluid ounce contains:

Bismuth Oxide Hydrated	12 grains
Magnesium Salicylate	1 grain
Geranium Maculatum	32 grains
Pancreatin	4 "
Potassium Guaiacol Sulphonate	4 "
Sodium Sulphophenate	1 grain
Chloroform	2 Min.
Elm in Mucilage	10 grains

INTESTINAL ANTISEPSIS has for many years been accepted with growing appreciation as the rational treatment in gastro-intestinal diseases that are the result of morbid fermentation or putrefaction.

Many minor ailments arise from these conditions such as diarrhoea-dysentery, mal-nutrition, vomiting, headache, gastro-intestinal irritation, the so-called "biliousness" with or without well marked nervous symptoms.

The class of remedies possessing the power to destroy the minute organisms of disease and to arrest septic processes are so distinctive as to require their recognition in a group by themselves.

The therapeutic application of these remedies must, however, as far as possible, be based on their physiological action for the results of such research are the most reliable evidences of advancement in the therapy of drugs. It is equally true, however, that well established facts, though savoring of empiricism, should not be overlooked, much less ignored, especially when confirmed by professional experience.

BISMACOL, as its name implies, is a combination of the new and the old.

BISMUTH, an old and tried remedy, has come to the front and taken its place as a valuable adjunct to the many new and highly extolled antiseptics and is now recognized as one of our most powerful bactericides.

GERANIUM is referred to by our best authorities as our most valuable vegetable astringent and tonic to enfeebled mucous surfaces.

MAGNESIUM SALICYLATE has recently come into prominence in Europe and America and recognized as an astringent of marked value.

The Salt used in **BISMACOL** is made with *true* Salicylic Acid from Natural Oil.

PANCREATIN—most active of Alkaline media—overcomes digestive disturbances indicated in lenteric diarrhea and in the diarrhea of infants where there is emaciation.

POTASSIUM GUAIACOL SULPHONATE is an odorless and palatable Guaiacol derivative, non irritating, readily assimilated and now accepted as one of our most reliable intestinal antiseptics.

SODIUM SULPHOPHENATE is an intestinal disinfectant, whose use is indicated wherever toxins or putrefactive bacteria follow the breaking down of structure.

THE WM. S. MERRELL CHEMICAL CO.
CINCINNATI

Please fill out following blank request, and mail to us if sample is desired:

Name

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. XIV. NEW YORK, MAY 15, 1911.

No. V.

Hints and Winnowings.

It has not been deemed at all astonishing that young practitioners of medicine should at times become unduly alarmed on finding that the temperature in a given case had rapidly increased, or that they should believe such elevation to be a prognostic indication of the gravest character, when, in fact, it was a factor of little consequence. As an illustration of this point the case of a child four years of age may be mentioned. The young doctor, on his second visit to his patient, found a temperature of 102° F., and prescribed a sedative. He also ordered a cold sponge bath, telling the mother that the temperature must be promptly reduced. On his third visit, finding that the temperature had increased to 104°, he prescribed larger doses of the sedative and told the mother that her child was developing a very dangerous fever, but he hoped to control it within a few days. The mother then asked him to bring with him an elderly doctor whose office was near her home. He did so, and after the old doctor had examined the case and they had retired to another room, he said: "Doctor, your patient is suffering from indigestion, and the indications for subnitrate of bismuth are very marked. If you will substitute it for your sedative powder the family will not know the difference, and the child will soon be well." Within twenty-four hours the temperature was normal, and the child made a good recovery.

A rapid increase in temperature is more frequent with children than adults. This is mainly owing to the fact that the younger the organism the more unstable and mobile are its heart regulating processes. An increase of two or three degrees Fahrenheit in a child may not prove of great importance, but in a person over sixty years of age such an increase of temperature should receive the most thoughtful consideration. A rapid elevation of temperature to 103° or 104°, or even more, in a child may be caused by acute indigestion. The more rapid the increase the less serious its indication. Fevers of a dangerous character usually advance slowly, and often take days to reach a temperature attained in some cases of indigestion in as many hours.

Hyperpyrexia (that is, a condition in which a temperature above

105° increases) is always a serious state. When the temperature reaches 107° the life of the patient is in great danger; at 108° recovery is not likely to take place, and when the temperature reaches 110° the prospects of life are extremely slight. Only a very few cases of survival after a temperature of 110° have been reported.

So long as the morning temperature keeps near normal, an increase of one or two degrees in the evening need not cause anxiety. But if the morning temperature approaches the evening temperature, the prognosis should be very guarded. On the contrary, when the morning temperature decreases, and there is a distinct gap between it and the evening temperature, the prognosis may be regarded with a considerable degree of hopefulness. Often an increase or a decrease in the temperature announces a coming change in the abnormal state, of which it may be the first outward sign. On the other hand, the student should remember that at times increases in temperature are nervous in origin—are in fact neuroses. The case of a very nervous girl is reported whose temperature, for many months, was over 103°. The high temperature was accompanied by an increased rapidity in both the respiration and pulse, and yet she was never “feverish.” The sustained temperature was caused by an excitement which was too changeable to produce any defined disease.

The California State Board of Health in notifying the local Boards that hereafter syphilis and gonorrhea must be reported in the same manner as other infectious diseases are, has demonstrated the fact that California still possesses its usual progressive and virile characteristics. If our other States would follow her wise example it is possible that much could be done toward lessening the terrible danger which now threatens our social fabric. It will be difficult to convince the laity that such reports are necessary, or of the fact that the present prudish do-nothing policy is a serious menace to their well being, but if the doctors would make an earnest effort in that direction, the task could be accomplished within a reasonably short time. The fact that the first effect of the proposed regulation would be to drive the victims of venereal diseases away from legally qualified practitioners of medicine, and into the hands of the incompetent druggist, is well pointed out by *Clinical Medicine*. This is undoubtedly true, but the fact in nowise lessens the necessity for the regulation demanded. The druggist has no more right to treat syphilis than he has to treat any other infectious disease, and if he attempted to do so, it is quite likely that he would soon be made fully aware of such fact. Again, it has been said that if these foul diseases were placed on an equal footing with other infectious diseases, the victims of syphilis, fearing exposure and disgrace, would not apply for treatment of any kind. Well, in that case it would not take long for the disease to become apparent and the victim a constant warning to the community in which he resided.

As is well known, for several years immunity against typhoid fever has been secured by inoculation of British soldiers. In this country inoculations of this character have been made on various occasions, but not extensively until the work was taken up by Dr. Lesley Spooner, of the Massachusetts General Hospital. Dr. Spooner says that he believes inoculation an important means of prophylaxis—that it will give a reasonable amount of immunity, but will not absolutely prevent the disease. From 1899 to 1908 twenty-seven cases of typhoid fever occurred in the hospital. In 1909 Dr. Spooner began inoculating the officers, nurses and ward tenders, and since that time no cases of typhoid fever have occurred within the hospital. The doctor says that many persons intending to travel abroad now come to him for inoculation, and that he has made about five hundred of such inoculations with every indication of immunity. He adds that it is too early to say how strong the immunity is or how long it will last.

Small men should not regret that they are not tall and stately, for according to Prof. Arthur Keith, of the Royal College of Surgeons, England, they are the real lords of creation. After declaring that small men are invariably the intellectual superiors of large men, the Professor calls attention to the prominent figures in the world's history. Caesar was anything but tall; Napoleon was small, and so was Sir Isaac Newton. He also points out the fact that in the last big war the little Japanese beat the big Russians, and says that in all the evolutions of mechanical skill little men have predominated, and that they have greater powers of endurance, a more nimble mind and more energy generally.

The recent death of a prominent man at his home in Pennsylvania, after an illness of three years, from blastomycitis, naturally attracts renewed attention to this very rarely mentioned disease. According to what seems good authority, blastomycitis so seldom occurs that this constitutes the nineteenth case known to the history of medicine. The disease is caused by a malignant granular growth, or blastoma, which attaches itself to the intestines.

As is well pointed out by the editor of the *California Eclectic Journal*, the "drugless healers" are the people with the brass band, and they have caught the eye and ear of the public. Unless we can choke off the propaganda for State medicine, they are sure to continue to fool the "plain people" for a long time to come. This nation is a republic, and State medicine, being in every respect paternal, is therefore antagonistic to the public welfare. Hence we should vigorously oppose it with every honorable means within our command.

J. W. F.

Unity and Loyalty.

The success of every reform movement, of every movement for the uplifting, of every movement for liberty of thought, speech, or action, for every movement for liberality, for freedom of consciousness, for righteousness, whether in medicine, or pertaining to any other vital question in life, the success depends on the unity and loyalty of its supporters and sympathizers; it depends on the individual strength of each member and their combined efforts. United we can, and will accomplish much, and it is to *you* that I am appealing. Are *you* doing your *full* share towards Eclecticism, towards liberal medicine?

Are *you* a member of the State and National Societies? If not, why not? Are *you* thereby doing your full duty towards yourself and your Eclectic brethren? Do you let the few do the work and you reap the benefit? It is time to wake up and stay awake and go forth and talk Eclecticism openly, freely, daringly, get all liberal physicians to join you, lift up the pure banner of Eclecticism, join our movement, we want you and we need you. If you have done little in the past, get to work now, join your local Eclectic society, or help to form a new one; help to infuse new and young blood into the ranks; send a student to the nearest Eclectic College; join us in our work. T. D. A.

Medical Authority in America.

Liberty and Justice sometimes sleep; oppression, in the guise of authority, maintains a ceaseless vigil. Medical authority has never been caught napping when an opportunity to wrong a fellow-worker presented, if the laborer strayed away from the well-beaten path of its dogma. Like the noxious weed which would destroy the more useful growth, the evil influence of authority is exerted to destroy that which transcends it. It sows the seeds of malice in every field of endeavor.

Cholera made its appearance in the United States in 1832, and in New York City in July of that year. It is history that under allopathic treatment with calomel almost every one who had the disease died. It will be remembered that at this period every man who sought to practice medicine in New York must bear the brand of authority. When cholera appeared the Common Council of the City of New York further reinforced authority by resolving that a certificate of death could not be accepted except from a "regular physician." Dead men must also bear the brand. The results of *regular* treatment were so disastrous that the city fathers soon repealed the ordinance. Dr. Beach was then appointed to take charge of a certain district and treat all poor patients within it. During the three months the epidemic lasted Dr. Beach and his associates treated nearly one thousand cases, with remarkably successful results. For this he received at the hands of

authority its never varying, remarkable treatment of those who happen to have an opinion not in harmony with its dogma.

Seventeen years after (1849) when the Reform forces were struggling for justice in Ohio, authority in the person of A. H. Stevens, President of the Special Medical Council (sometimes called the Board of Health) of the City of New York (1832), by whom the appointment of Dr. Beach was ratified, sent the following letter to the Speaker of the House of Representatives of Ohio: "As I have never, to my knowledge, seen Dr. Beach, or had any intercourse with him, written or verbal, I am quite at a loss for his having selected me as the hero of his fable, for such the tale is from beginning to end. He never, so far as I know, had charge of any ward during the cholera, the physicians of which were appointed verbally by myself. If in any way a successful mode of treating the cholera had come to my knowledge, no matter from what quarter, I should have made it known and spread it to the extent of my power. But I repeat, the whole story is a chain of falsehood.

I would respectfully ask of you, and the House of Representatives, to make this denial as public as the memorial to which it refers.

I am sir, respectfully,

Your obedient servant,

ALEX. H. STEVENS,

Pres. Special Medical Council
(sometimes called the Board of
Health), in the year 1832.

New York, 27th February, 1849."

This letter was published at Columbus, Ohio, in a daily paper and called forth the following reply: "Mr. Editor: A letter purporting to come from Dr. Stevens, of New York, was published in your paper some days ago. In this letter (if genuine) Dr. Stevens attempts to discredit the well-known and authentic facts in reference to the successful treatment of cholera by Dr. Beach in New York more than sixteen years ago. * * * Several physicians who co-operated with Dr. Beach in his treatment are living and I could refer to a distinguished physician of this city, who has often conversed with them upon the subject, and heard their personal narratives of the facts. The letter of Dr. Stevens was brought out for a special purpose, to obstruct the passage of the new Hospital bill in the legislature of Ohio." The following is then cited: "By virtue of the power and authority in me vested, as Alderman and Warden of Health of the Tenth Ward, I do hereby nominate, constitute and appoint Wooster Beach, M.D., to visit and take charge of, and to give such medical advice and assistance as may be required, to all poor persons, inhabitants of the ward, who may be affected with the prevailing epidemic; and also to call to

his aid such assistance from the medical faculty as he may require and deem necessary and expedient.

JOHN PALMER,
Alderman Tenth Ward.

July 17th, 1832."

The following bill was immediately issued and posted in every ward: "TENTH WARD MEDICAL STATION. All persons affected with looseness, pain in the bowels, or cramp, are requested to apply immediately to Dr. Beach, No. 95 Eldridge street, where they will receive advice and medicine free of charge.

By order of the Board of Health,

Thomas T. Woodruff,
Henry P. Robertson,
William Mandeville,

Executive Committee.

New York, July 18, 1832."

In this letter to the editor the writer quoted the following authentic "Circular" from Alex. H. Stevens to Dr. Beach: "Sir—I beg to ask you what treatment you have found most successful in the premonitory stage of cholera, say, diarrhea, or uneasiness or pain in the bowels; and whether such treatment has been uniformly successful, and if not, by what circumstances it has been rendered ineffectual? Be pleased, also, to state what number you have prescribed for, and whether you have seen any case of cholera not preceded by diarrhea.

"In behalf of the Special Medical Council.

Alex. H. Stevens, M. D., *President.*"

To this letter Dr. Beach replied, giving his treatment fully. Answering the first interrogatory, Dr. Beach replied as follows: "In answer to this question, I have to state, that the treatment pursued at this station has been attended invariably with success." He then outlines his treatment; after which he answers the second interrogatory by giving the number of patients treated in a period of forty days as being "*seven hundred eighty.*"

Commenting upon this episode of the Stevens letter, Dr. Morrow says: "Thousands of copies of this document have been published and republished at the instigation of these men, doubtless for the purpose of assailing the reputation of Dr. Beach, in particular, and to discredit the statements of reformers in general * * * As to the denial of ever having had any intercourse with Dr. Beach, written or verbal, the official record proves this statement of Dr. Stevens' to be positively false. * * * This attempt on the part of the enemies of liberal principles to impose on the legislature of Ohio, will have an interesting sequel."

Thus was Dr. Beach traduced and Reform Medicine maligned. Startled by the possibility of Eclecticism gaining its rights in Ohio, medical authority called upon its faithful allies of New York to help do its evil work.

The action of Dr. Stevens (I am glad to note the orthography of his name) was typical of the attitude of every member who subscribed to the medical dogma of the time. Not all who bore the name of *regular* were guilty of such evil-mindedness; nor did they close their eyes to salient facts.

Stephens.

The Louisville Meeting.

The importance of the next meeting of the National Eclectic Medical Association cannot be overestimated, and every Eclectic physician should attend. The spirit of Eclecticism, the spirit of liberal medicine must be kept alive and burning; it is worth preserving. It is worth fighting for, and you, all of you, must help. Come to Louisville; it will do you good, it will do us good to have you there. The program of the meeting is so wide and full of so many new features that it cannot help but please you. You will hear some of the ablest men of our school, you will learn from others, and others will learn from you. This convention promises to be one of the very best. The latest news from New York, New Jersey, Pennsylvania and the East seems to indicate a very large attendance from these states.

T. D. A.

Original Articles

A Digest on Pharmaceutical and Allied Laws.

BY G. W. SCHAEFER, M.D.

Read at the Annual Meeting of the New York State Society, Albany.

Just at the present time there is quite a discussion going on all over the country as to the advisability of formulating laws to prevent physicians from prescribing and putting up their own prescriptions, and as a practical and experienced pharmacist I would like to voice my sentiments and give logical and positive reasons why a physician should study the rudiments and principles of pharmacy, so that he will be able to put and should put up his own prescriptions in a proper way.

You probably know the meaning of pharmacology, which not only embraces pharmacy but therapeutics and materia medica as well, but it might be well to give you a short and concise definition; therefore pharmacy is the science of preparing medicines, therapeutics that of applying medicines and materia medica that which treats of the substances used as medicines, and pharmacology is a term used to embrace

these three divisions. If the law gives a duly graduated and licensed physician the right to select a remedy or remedies to heal the sick then why should he be prevented from putting it up and administering it himself?

And further, why do we teach pharmacy? Is it because we want a physician to know the difference between powdered charcoal and coal dust? Not at all; we want him to know what the different drugs look like, how they act, how to mix various medicines and compounds. As a matter of fact, the M. D. should know something about botany and also pharmacognosy, which treats of the various ways and modes of drug manufacture.

Through the study of pharmacy we learn all this and lots more, viz.: Dosage, \mathcal{R} writing, how tinctures and extracts are made, and the various vinegars, wines, medicated waters, ointments, decoctions, elixirs, plasters, emulsions, infusions, liniments, liquors, masses, mucilages, oleates, pills, suppositories, capsules, spirits, syrups, etc., in fact, how to make and prepare anything and everything you prescribe, and should even know how the various coal tar products, like acetanilid, phenacetine, etc., are made, or where they are derived from, and should also know that they are serious heart depressants in nearly all cases. He should learn enough about all remedies before he prescribes so-called patent chemical remedies or substances which the doctor usually prescribes, because of the glowing literature he receives about them, and he doesn't have to bother about the formula or putting it up, as the manufacturer does that for him (and the funny part of it about this kind of prescription writing is that you do not make a good impression on your patient, as he goes right to the drug store, asks for and gets just what you write, but without your prescription). And right here I want to tell you the best reason for prescribing and applying your own mixtures:

Say we have a case of pneumonia in an aggravated stage. The doctor is called in and at once sees a patient with high fever and labored breathing, hot, dry skin, nasty cough with a "rusty" sputum. He doesn't need to be much of a pathologist or bacteriologist or diagnostician to tell what he has before him, but if he knows his specific medication or materia medica he knows that he has got to have an antispasmodic like *bryonia alba*, or a diaphoretic like *asclepias tuberosa*, or an antipyretic like *aconite*, and he may use a hæmostatic like *lycopus virg.* for the blood sputum or some such remedies, and must have them quick, and here is where his knowledge of pharmacy comes in. He gets busy mixing his remedies for his most prominent symptoms and complications and gives the proper remedy for the specific indications as they arise. He that does not know how to prepare his own mixture sits down and writes out a prescription and leaves the patient at the mercy of a druggist (and in all probability a junior clerk) to fill

the same with some drugs that have been on the shelves for months, yes, I dare say years, and again from the time the prescription leaves the house to be filled there is no one handy to carry the prescription to the drug store, and it is held back until some child returns from school, whereby sometimes hours elapse before the patient receives the first dose of medicine. Just in a case like this is where we need the proper fresh remedy to be administered by the physician, for every minute is precious, and we sit by and watch for immediate action of the same, and here is just where we can show the least percentage of mortality in pneumonia and the like, for we not only give the remedy as it should be given in its proper dilution of mixing, but we instruct those at hand by practical demonstration just how to give the same. There is no chance here for overdosage or of putting up and of giving inferior drugs, for we know that when a drug which we carry with us has proven its worth in a time of need, we can rely upon it; that is where we get and make our success through proper preparation of the vegetable remedies and not by using a conglomeration of chemical formulas, with a well-sounding name, that you have got to take some one man's word for it that it is O. K.

Here is another very important thing regarding this subject. How is the country doctor going to get along without his medicine case? It seems nobody even thought of him. What shall we do with him? Shall we compel all his patients to buy autos to have their prescriptions filled at the nearest drug store, which happens to be miles away?

Another very important thing looms up right now in connection with this subject, and that is incompatibility of drugs and chemicals, which, if you do not use good judgment in prescribing these new fangled coal tar products and chemical compounds, you are very liable to commit murder. Many is the time I have personally handled and put up an incompatible mixture (providing there were no direct poisonous drugs prescribed), not because I didn't know any better, but because I might offend the writer of the same by belittling him in his knowledge. No one feels like telling a physician point blank that he is feeding his patient on a lot of ink, poison or gunpowder. And this is the most important thing to know about drugs, but is a matter that the present state law does not take cognizance of. For example, you ought to know that there is not only incompatibility therapeutically, but also chemically and pharmaceutically as well. For, mixing any salt with a strong acid, for instance, produces decomposition, and the alkaloids when mixed with the salts of the metals proper also produce decomposition and a basic precipitation.

Then again vegetable astringents precipitate their alkalies, albumen, gelatine, and metallic oxides, and with iron salts produce a solution exactly like ink.

Then also free acids and glucosides will not mix, and by the mix-

ing of two salts you are liable to produce an insoluble or volatile substance. For instance, if you should prescribe pot. iodide and pot. chlorate in the same mixture and it comes in contact with the gastric juices, iodine is liberated, which in turn acts upon the pot. chlorate and liberates free chlorine, a deadly corrosive poison.

Then again tinctures of iron mixed with *nux vomica*, compound gentian or cinchona gives you the most beautiful ink you ever had occasion to write with.

Now take, for instance, a mixture of hypophosphite of lime, chlorate of potash and lactate of iron which was prescribed by a physician some time ago, which to look at is quite harmless, but the drug clerk that tried to compound it into powders dumped them into a mortar and started in to rub them up with a pestle, never got as far as dividing the mixture into twelve powders as the physician prescribed, but nearly lost his life by it and wrecked the major part of the store he worked in; and by the way only last month a drug clerk blew out the front part of a drug store in Brooklyn by not knowing incompatibility.

As to laws, why don't the dentists have a law passed to prevent us from extracting a tooth, and why do we still allow any one to enter a drug store and procure a leech to apply to a black eye, as they do amongst the lower classes. And why don't the druggists go after those people that advertise patent remedies under the guise of doctors' prescriptions in the daily papers, where they advise anybody to buy alcohol and whiskey, etc., and mix it with a certain named remedy to act as a cure all.

I should think that the so-called "regulars" who are trying their utmost to regulate the practice of medicine should go after the would-be doctors that use various mechanical devices and get around the law, for isn't every barber practising medicine and healing by applying massage creams and vibratomes to the faces of the laity and the physicians themselves, and are not patent medicines and so-called specialties manufactured by the wholesale druggist and chemical houses on the market to-day that contain a combination of drugs and chemicals that was gotten up by some chemist that don't know nor has to care anything about physiology or pathology, and furthermore doesn't have to know or care about such subjects, as the law allows him to concoct these things, and if they contain poisons and the like he simply applies for protection under the pure food law and everything is serene.

Then again in relation to these particular remedies, don't some physicians make very fools of themselves by prescribing those very same remedies and lauding their good qualities over their own signatures? Yes, I dare say they go so far as to make affidavits when they really don't know what they are prescribing, and simply take the maker's word for it as to the goodness of the remedy.

And right here let me tell you something about that famous remedy known as No. 606. The New York World printed a half column on a page of the Nov. 4, 1910, issue in relation to the No. 606 remedy, stating that a Mr. W. V. Abbott died at the Roosevelt Hospital after being injected with the specific No. 606. Of course you might call me a skeptic or prejudiced against these remedies, but far be it from anything like that, for I am a staunch believer in specifics and shall be in this particular remedy when it positively and beyond all reasonable doubt has proven its value, and for that proof we will have to wait many months with patience, and at that time I hope it will become any man's property and not be labeled "patented," with a high-sounding name, to be sold at a big price so that only the rich can benefit from its treatment, as it is now.

I might say why don't they remedy bad laws instead of always looking for trouble in something new. Maybe you all know that druggists in the City of New York require practically the history under their signature of a layman to whom they sell a 10% solution of phenol, when as a matter of fact they can go to any paint store and buy carbolic acid or paris green or any acid or rank poison in any quantity without the least of trouble.

Then turning from the ridiculous to the sublime, what is the enterprising doctor going to name his sand cure for indigestion that was prescribed for a western millionaire recently? I suppose he will put on a pure food guarantee label and get a dollar an ounce for it, and the funny part of this will be that he cannot label it pure and comply with the law, as there is no known law (chemical or other) that he can prove it by; but I suppose he has fathomed the theory of what is good for the goose is good for the gander, and for man, beast or fowl.

Turning back to the law of selling poisons, we don't have to go far to overcome difficulties. If a prospective suicide wants anything in that line all he or she has to do is to cross one of the various ferries or tunnels to Jersey or take the subway to Yonkers and be accommodated with anything in that line. Because of the ridiculous law in force in New York City you cannot even buy a brown mixture tablet without a prescription, and that is where the large, enterprising druggist get the best of the practicing physician and his small competitor. All they have to do is to hire a young doctor, and he turns out as many prescriptions as there are calls for the prohibited sales of poisons and narcotics, and you can't stop them either, or you can buy them from the wholesale drug house in any quantity you see fit to pay for, and really what harm is there of selling a menthol tablet containing 1/280 of a grain of cocaine or a brown mixture tablet containing 1/30 of a grain of opium.

Then there is another law which helped to bring misery into

many a family, not only the poor but the rich as well. How often do we read of some persons betting with each other as to how much whiskey they can consume, and we invariably find that they are found in police stations or the gutter, not alone with cracked skulls through a supposed fall, but those who have dropped dead from being poisoned by alcohol; and the police and the authorities are indifferent to such cases, as they dispose of them by saying the person was addicted to drink. And there is no known law that will prevent any person over sixteen years of age to acquire the alcoholic habit (which, in my estimation, is the cause of more diseases and ailments than all other causes combined) and commit suicide by alcoholic poisoning.

That is the reason I have come to the conclusion that it is much better to remedy the defects of the old laws, and not make unnecessary trouble for yourself and others by making new laws, which various organizations are trying to do at the present time.

New York City.

Sarsaparilla.

BY JOHN URI LLOYD, PHAR. M.

The drug sarsaparilla is furnished by the root of a climbing plant, of the genus *smilax*, which prevails over the northern part of South America, the whole of Central America, and the west coast of Mexico. Many varieties contribute the drug of commerce. Its qualities were made known in early European annals from the commendation of explorers of the New World. Monardes is authority for the statement that it was introduced to Seville about 1536 from "New Spain," but that a different variety soon followed from Honduras. The "Chronicle of Peru," by Pedro de Cieza de Leon, 1553, mentions sarsaparilla as growing in South America, where he observed it between 1533 and 1550. It was recommended as a cure for syphilis and acute rheumatism, the Spaniards calling it "an excellent medicine." In this connection it may be said that the name applied to it was *zarza parilla*, afterward becoming *sarsaparilla*. Like other remedies introduced in business channels for commercial purposes from the wonderful New World, sarsaparilla enjoyed a marvelous reputation, which evidently was not interfered with by the fact that it returned great profits to the dealers. A little work issued in its behalf by Girolamo Cardano, of Milan,

*Lloyd Library Bulletin, No. 18 (which carries the above paper), will give a brief history of every vegetable drug of the Pharmacopœia of the United States, 1900 edition. This Bulletin, like other Lloyd Library publications, is not in general circulation, being designed solely for exchanging with the publications of Scientific Societies and Academies of the world. Address, with one dollar, "The Lloyd Library," Cincinnati, Ohio.

1559, advocates it most strongly in the direction of the diseases mentioned. It found its way into pharmaceutical stores, where it made an eventful record as a new remedy from the New World. In domestic medicine from the time of its introduction a decoction has been "authoritatively" considered serviceable as a "blood purifier." It is not necessary to state that in the form of a sweetened decoction syrup of sarsaparilla has through several decades enjoyed continual conspicuity in the pharmacopœia.

Circular Insanity.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

Read at the Annual Meeting of the New York State Society, Albany.

Since the years when Baillarger, and later Falret, first described their cases of circular insanity, as recurrent insanities, much has been written about this very interesting group of psychosis, characterized by alternate states of mania and melancholia.

While quite a few of the subjects of circular insanity are of fair intellectual development, many of them persons of education, the disease develops upon inherited defects, the affliction occurring in the offspring in the same type, as in the ascendant, or beginning upon the basis of an inherited neurasthenia, alcoholism, or other ancestral neurosis.

As is well known also, many degenerates exhibit a tendency to alternating variations of mood, sometimes they are depressed, sometimes they are cheerful, and this occurring perhaps in an individual with strong hereditary taints, may be the first rudimentary foundation upon which the future structure of circular insanity is laid.

This form of mental derangement occurs in cycles or circles, the attacks being characterized by sequence, more or less regular, one period of depression being succeeded by another of excitement, which again is followed by intervals of sanity or quiescence, saying otherwise, you have a melancholic stage, then mania and then lucidity, or you may have melancholia, lucidity, and then mania.

The circular insanities are more common among women than among men, and begin at puberty, or in the early adolescent life. Trauma to the head, alcoholism, hysteria, and epilepsy are special factors in the production of circular insanity, and here I may be allowed to add, that it is remarkable, in studying the literature of insanity, how few cases there are in which insanity can be legitimately regarded as the result of pure nervous shock.

There are no rules as to the duration of each period, or cycle, while in some cases the melancholia may last for days, months, or

even years, the mania for an equal length of time, while the lucid period may be short or long, according to the nature of each case.

During the lucid period the patient may appear quite sane to an ordinary observer, but on closer examination you will find some points of mental weakness.

In one case now under my observation, at the beginning of the trouble, the stage of excitement lasted for six weeks, the melancholia for four weeks, and lucidity for one week, the entire cycle being completed in less than three months, but as the affliction progressed the cycles increased in duration, until now the maniacal period has lasted for eleven months.

The melancholic periods met with in circular insanity may present one of the many forms, in some cases we have melancholia simplex, in others the hallucinatory melancholia, in others again melancholia agitata, and in still others catatonia; but it is the same variety of melancholia that will appear in every recurring attack, and only very rarely, with very few exceptions only, will the recurring melancholia change its type.

During the melancholic stage the patient has no appetite, his arteries are contracted, pulse weak, tongue foul, skin dirty and dry, the patient is aged, he does not sleep, or sleeps very little; the urine is scanty, and also very highly colored, and the body weight is decreased; he cannot concentrate his mind on anything; he cannot read or write letters; he broods, he is suspicious and distrustful; he is inclined to suicide, so as to end his misery; then, suddenly, usually after a night's sleep, the gloom has passed away, the same individual will arise feeling well, like a new man, mentally capable, eyes bright, his gait is elastic, he looks ten years younger, he or she is in fact rejuvenated, life takes on new color, a sense of well being is rushed through his body.

He begins to talk vivaciously, he writes to his or to her friends, he takes hold of things in general, takes up the threads of his or her affairs, he discards his medical advisers, takes up his old habits, and for the time you may be led to believe that you have a recovery.

But this fiery activity lasts for a time only and then follows the reaction, and he becomes irritable, angry, extravagant, wasteful, boisterous, neglectful to ordinary conditions of life; insomnia comes on again, depression, stupor, alternating with maniacal fury, which necessitate confinement, until the next cycle comes up once more.

It is remarkable that these storms (if I may so call them), while ever so severe, leave the patient in many cases with long intervals of mental well being.

At the close of an attack of such insanity, we are sure to be asked if the patient will have another attack, and, if so, at what date? Our answer must be that it is quite probable, and that they will gradually increase towards the decline of manhood.

I cannot say very much, if anything, about the pathology; autopsies seemed to have revealed little of any importance.

The diagnosis of circular insanity can be made upon the history of the case, but you cannot be sure, unless you have observed yourselves, or there has been observed in the case at least "one complete cycle," saying otherwise: one complete lucid, maniacal, melancholic cycle, one melancholic, lucid, maniacal cycle, and here it is well to be sure that you are not dealing with ordinary periodic melancholia, or periodic mania.

Can anything be done to stop the recurrence of these attacks of insanity or the alternating cycles of melancholia and mania? If any of you gentlemen would like to try some new treatment, there is plenty of opportunity for making such trial, as your cases of circular insanity have long lives during which you can experiment.

I am not aware of any treatment which can be relied upon.

The prognosis is mostly unfavorable, not so much for the outcome of a single attack, as for the ultimate recovery and freedom from their recurrence. I hold no case recovered until his or her life history is complete, and I therefore view with more than skepticism and suspicion the so-called recovered cases of circular insanity.

Once this vicious circle or cycle has been established but little can be done towards a cure, therapy is not usually capable of influencing the course of the disease: it is quite true we can shorten the attacks, but we cannot abridge them.

I fully expect that my friends from the old school will smile, and perhaps even some of you may express the same doubts as to my statement that it is possible to shorten these attacks; nevertheless, it can be done, and I will take it up fully in my forthcoming book on nervous and mental diseases. I will say here at this time that "atropine and hyosine combined with caulaphyllum in the female patient, and with humulus in the male patient" will shorten these attacks.

The withdrawal of your case to a quiet country life is of the utmost importance, as outdoor, open-air amusements must be had; the prevention and guarding against suicide in the melancholic phase, and the prevention of violence and excesses in the maniacal period must be constantly borne in mind, even during the intervals of lucidity.

Each individual case must be considered itself, as to advisability of baths, massage, tonics, stimulants, at certain particular stages of the malady, as in no disease is the mere treatment of symptoms less appropriate, or the mere administration of drugs less effective.

And now, gentlemen, in conclusion, let me ask you one question: is it worth while to treat circular insanity at all? If I were to tell you that when you do succeed in shortening the attacks of melancholia and mania, you also in the same time "shorten" the period of lucidity, so that the final result of your treatment is that you bring on the next attack so much sooner.

70 Rogers Ave., Brooklyn.

References: Kalbaum's "katatonie," Kirns' "Periodischen psychosen," Greidenberge, "Recurinde Psychose," Albut's "Mental Troubles."

Erigeron Canadensis.

BY CHARLES LLOYD, M.D.

Presented at the 1911 Meeting of the Eclectic Medical Society of the State of New York.

Nat. Ord.—Asteracea. Sex. Syst.—Syngenesia Superflua.

Synonym.—Fleabane, Scabius, Colt's Tail.

Locality.—Found in the northern and middle portions of the United States. It is a field plant, seldom seen in woods and mountains, but sometimes covering whole fields, dry meadows, commons, glades, and the roadsides.

Botanical Description.—Roots perennial, yellowish, many branching, thick fibres. The plant is indigenous and annual. The whole plant is pubescent and rises from six inches to nine feet high. There are twenty species of the *Erigeron*. The *E. Canadensis* has one to five stems, straight, simple, branched and corymbose at the top, a little angular. Radical and lower leaves oblong, base cuneate, decurrent, on long petiole, nearly obtuse; upper leaves sessile, narrow, oblong, obtuse, entire, alternate, remote; flowers numerous. Flowers radiate, half an inch in diameter, with yellow, and rays white, bluish or purplish. Each floret produces a single seed. Flowers from June to September. The whole plant is officinal; its taste nauseous, acrid, and slightly astringent. Its odor is aromatic and unpleasant. The plant should be gathered while in flower. It yields its properties to water and alcohol.

Constituents.—An essential oil, tannin, gallic acid, and a bitter principle. The oil is obtained by distillation, and is the chief preparation used.

Preparations.—Powdered leaves in syrup or water; dose, half to one drachm. This form is unpleasant.

Infusion.—Leaves, one ounce; boiling water, one pint.

Dose.—Half to one ounce. If the stomach is irritable and the preparation induces nausea or vomiting, add essence of piper menth, and give smaller doses.

Fluidextract.—Dose from five to thirty drops. Specific medicine Erigeron from five to thirty drops.

Tincture.—One ounce of the leaves bruised to alcohol, one pint. Dose from thirty to sixty drops every one, two or three hours in sweetened water or syrup.

Oil.—When fresh should be of a dark yellow-reddish color, becoming darker by age, viscid and sticky, with a little or no precipitate. The oil of fireweed (*Senecio gracilis*), which has frequently been sold under the name of flea-bane, is a light yellow or straw color. It has a rank odor, is thin and more volatile in appearance. It has similar properties, but is not so efficacious. The oil of *Erigeron Canadensis* has a peculiar aromatic odor and a pungent, aromatic taste. It is the most pleasant and reliable form for administration. The dose of the oil is from five to ten drops on sugar or in mucilage, repeated every half to one hour in urgent cases of hemorrhage to two hours, until its effects are noticed, when the dose should be lessened and further apart. The oil is soluble in equal parts of alcohol. The Eclectics may justly claim the merit of placing the flea-bane in the high position which it has attained. About the year 1851 a small quantity of oil was distilled from it either in New York or one of the eastern states, and a few ounces sent to Philadelphia and used by the Eclectic physicians there, Drs. Sweet, Cooke and others. In the following year Dr. Henry Hollenback, professor of materia medica in the Eclectic Medical College of Pennsylvania, distilled several pounds of the oil, a part of which was sent to New York and was used by the Eclectics there. Previous investigations of this plant was made by the eminent botanist Rafinesque, and published in his "Medical Flora of North America in the Year 1828," devoting six pages to its elucidation. Subsequently Drs. John King, Grover Coe, Burt and E. M. Hale, having experimented with this plant, have written what they knew of its therapeutic value. The compatibilities of the following oils will be found advantageous as adjuncts or in compounds: Oil cinnamon, oil matico, myrtie (*myrtus communis*), oil murure (with syphilitic cases), santalwood (in cystitis, gonorrhoea, etc.), monarda punct. (with great depression), sassafras and piper menth. (where there is nausea). The oil of *Erigeron Canadensis* when applied to the skin causes a burning sensation resembling capsicum, but very rarely vesicate and that minutely. In overdoses it produces nausea, violent retching and vomiting, with burning sensation of long duration in the stomach, continued through the alimentary canal to the rectum and anus. It has a specific affinity for the urinary organs, blood vessels and mucous membranes.

Besides its astringent action it has a controlling action on the involuntary muscular fibres producing contraction; this is where its chief value is in hemorrhages. All preparations of *Erigeron Canadensis* are exceedingly useful in passive hemorrhages where there is little or no inflammatory process present. In diarrrhœas and dysentery where there is relaxation, chronic nephritis and albuminaria, uremic poisoning, chronic cystitis and urethritis, chronic gonorrhœa and leucorrhœa, chronic bronchitis with profuse secretion. It is an aid in relieving the distress in accompanying gravel, dysuria, gleet, and involuntary seminal emissions. In bloody lochia with foul odor it acts as on the end vessels, mucus membranes, muscular fibres, and as an antiseptic a quality which is worthy of consideration in these particular cases. The oil proves useful when applied either in full strength or diluted with equal quantities of alcohol, with a camel's hair brush or swab to the sore throat of syphilitics, tonsilitis and pharyngitis, with relaxed or full mucous membranes every two or four hours the first day or two, then twice daily or less as the case improves. The fluidextract or tincture diluted with water in various strengths can be used as a spray or gargle. The oil proves valuable as a local application to ulcerations of the os uteri and vaginal canal, also in bleeding hemorrhoids. When desirable the oil may be modified with olive oil in suitable proportions. No mineral preparations should be incorporated with it. In epistaxis and moderate internal hemorrhages, especially with children, a tincture made as before mentioned will prove effectual given in from one or two drop doses (not more) each minute until the hemorrhage is arrested. If the flow of blood is rapid and severe, local means should be used as well.

The infusion is a valuable agent also used as an enema in similar conditions of the sigmoid, rectum and bladder.

The oil as a liniment is useful in painful swellings of joints, rheumatic or otherwise, contusions, and ecchymosed conditions of other parts.

Brooklyn, N. Y.

Items from the Field of Neurology.

Within the last few days we have been asked a few times, does syphilis produce circular insanity? And we are now going to talk circular insanity, and we are going to settle the question of its etiology. No, positively not, syphilis has nothing to do with circular insanity, just as we stated in our article read at the last meeting of the Eclectic Medical Society of the State of New York. In support of our opinion let us quote such men as Church, Peterson, Berkeley and Allbut: "Heredity plays a significant part in the causation of circular insanity, and the direct inheritance of this particular variety of mental disorder

is strikingly frequent. Special factors are trauma to the head, alcoholism, hysteria and epilepsy." So much for Church and Peterson. Now let us see what Berkeley says: "The disease develops an inherited defect upon the basis of an inherited neurasthenia, alcoholism, or some other ancestral neurosis." Urquart says: "The influence of heredity in circular insanity is strikingly exemplified," and none of the writers says a word about syphilis in all their works, and in all our cases we could never trace or find any syphilis.

Henoch's description of *pavor nocturnus* is classic. The subjects are neurotic children with digestive disturbances. The disorder begins during the first sleep and originates from a heavy, indigestible meal. The child, without apparent reason, will suddenly start up in bed and scream continuously for some minutes and will convulsively grasp at unseen objects. The face shows a fixed stare, pupils dilated, and trembling of limbs. During the delirium words and broken sentences are uttered. The attack may come on every night, and in the morning all recollections of the events are a blank.

The onset of puberty is particularly trying for the female sex, for in addition to the development of the higher association centres of the cortex, joined to the approaching maturity of the reproductive organs, there is a monthly cycle of physical discomfort and pain, which often renders even the mentally sound woman fretful, peevish and subject to peculiar, vague desires.

The age at which syphilitic insanity appears is more varied than is the case with paresis. About one-half of the sufferers are in the third decade of life at the time of onset, about one-third in the second, and most of the remainder between 40 and 50.

Sanger Brown in the *Jour. of Med. Scien.* calls attention to the fact already alluded to that multiple sclerosis is seldom characterized by the simultaneous presence of the Charcot tetrad of symptoms, intention tremor, mystagmus, scanning speech, and optic atrophy. It is true that these symptoms separately and variously combined are frequently seen, but they occur only in later stages, and, as a rule, several years at least after other symptoms, which, if rightly understood, suffice for a diagnosis. Brown describes four cases which illustrate the contention. The first showed attacks of vertigo, with pains in the eye-balls, and "the nape for six years, some unsteadiness of gait from the first, later diplopia, amblyopia, paresthesia, and weakness of one leg, and sphincter involvement." The second showed "a slowly progressive ataxia and weakness of the legs for six months, then numbness and

ataxia in the hands, with tonic spasms of the enterossei, next diplopia for several weeks, paresthesia of the thighs extending to the feet, girdle sensation about the abdomen, and sphincter involvement." The two other cases need not be summarized. Important in these two cases are the facts that motor paresis is early present and usual, ataxia very common, and sphincter involvement very frequent, while the cardinal symptoms are in the background.

The meeting of the National Eclectic Medical Association at Louisville is near at hand; get ready and be sure and go. The writer and most of the New Yorkers will travel over the famous Chesapeake and Ohio Railroad; join the crowd and come with us. On to the National Meeting.

An analysis by Thayer of 808 cases of chorea treated at the Johns Hopkins Hospital is of interest. Of the 808 cases, 783 were in whites, or 96.9 per cent.; only 3 per cent. colored! As to rheumatism, 21.6 per cent. gave a history of this disease. Of 689 cases in which the head was examined, 40.5 per cent. showed murmurs, one-quarter of which were soft systolic souffles, in 25.4 per cent. organic cardiac disease was found. Four cases were of "chorea insaniens" and resulted fatally.

Much has been said of the intellectual strength of the paranoiac, but it is apparent rather than real. He is usually, but not always, in the earlier stages a great talker, though some are sullen and silent throughout. He is always right, the rest of the world wrong. He is plausible and may make a great impression on those who know nothing of what he is talking about. He is cunning and for a purpose can hide his delusions for a time, but his variety is his weakness, and by an appeal to it he can be induced to show what he thinks and believes.

Charcot records the appearance of hysterical contracture of the forearm and hand due to splints which had been applied for a fracture of the radius. Nerve injuries are occasionally associated with local hysterical manifestations.

There are very few forms of mental disturbance worthy of the name insanity, resulting from injury to the head, and in which it can be shown that the patient was not predisposed, and that important auxiliary causes were absent.

One in every 500 of the population is an epileptic! Is it not time that we look seriously on this ever-increasing danger, is it not time

we do something for the epileptic? Is it not time to devise some means to prevent epilepsy?

Do not forget the meeting of the National Eclectic Medical Association at Louisville and do not forget the best way to get there, by the Chesapeake and Ohio Railroad.

Since we first started this department in the *Review* we have been in receipt of many letters (many of them not subscribers) asking either advice as to treatment or as to diagnosis of nervous and mental cases. We have answered those as promptly as possible, but in future all those who do not desire to have their letters and my answers published in the *Review* but require an immediate personal reply, all these we will ask to accompany their letters with a fee of \$5.00, as it takes our time from other matters. We are perfectly willing, however, to answer all letters with advice entirely free of charge, providing the writers of such letters allow us to publish their queries and our answers in the *Review*.

70 Rogers Ave., Brooklyn.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Grouping of Drugs.

In the practice of medicine much assistance may be derived from grouping our remedies in such a way that the mind will quickly associate a given group of drugs with a given disease. This work may be accomplished without difficulty by including in a certain group such drugs as are most likely to be indicated in a certain disease.

If we take, for instance, bronchitis as it usually occurs, we will find that the bronchitis group must necessarily include bryonia, eupatorium, ferrum phos., ipecac, kali mur., lobelia, sanguinaria and veratrum, for some one of these drugs is very likely to be specifically indicated. This being the case, as soon as the diagnosis is rendered free from doubt, the mind will naturally turn to the bronchitis group for the indicated medicament. While it is true that we have no specifics for diseases as they are nosologically classified, it is also true that we have specifics for component parts of such diseases, and they may indirectly become specifics for the entire departure from health. As an illustration it may be mentioned that in many cases a certain compo-

nent part of a disease is the basis upon which rests the whole abnormal state. In support of this statement we may mention the fact that in some fevers a certain pathological state exists which is manifested to our senses by periodicity, and which quickly yields to a few doses of quinine. In many cases the removal of this manifestation changes the case from a distressing illness to a condition favorable to a prompt recovery. In many other wrongs of life other disease expressions are quite as plain and easily understood, so that in a given group of drugs associated with a given disease we are likely to find the needed specific remedy.

Therapeutic Abstracts.

Some very interesting abstracts from *Merk's Report* are published by *Clinical Medicine*, from which the following are taken:

"Ninety-six new remedies were introduced during 1910. Among these we notice that already an improvement has been suggested for "606," which is said to be less toxic than the latter. No less than ten of these novelties are arsenic preparations, six are serums or other derivatives from animal substances, sixteen are antiseptics or germicides, nine are designed for use in syphilis, and seven for tuberculosis. The contributions from the vegetable world are limited to nine preparations from previously known plants, and five from new ones, all the latter being remedies for the bites of snakes. Crotalin is one of the most interesting of the entire lot.

"Amenyl, which is, chemically, methyl-hydrastimide hydrochloride, is a new introduction that is said to be a powerful vasodilator. It has been used in amenorrhea, menstrual disturbances at puberty, and where local treatment cannot be applied. It is not an abortifacient.

"Galegol, a preparation from galega, is marketed in the form of brown granules as a galactagog, the dose being three to eight teaspoonfuls.

"Schmidt and Engelhardt state that they examined 70 samples of calx sulphurata, including sugar- and chocolate-coated tablets, tablet-triturates, and gelatin-coated pills. Some were three years old. In no case had notable deterioration taken place. The average strength was somewhat above that demanded by the U. S. Pharmacopeia. This seems to indicate that the pharmaceutic handling of this troublesome salt has been mastered by some at least of the manufacturers of stock preparations.

"Binz urges the importance of cultivating eucalyptus trees for their oils. He asserts that in time eucalyptus will rank with gold and petroleum in making the reputation of California. Besides its applications in genito-urinary surgery and the various specialties, he says that eucalyptus oil is a good antimalarial and antiseptic, a germicide, a stimulant

to indolent ulcers and all mucous membranes, is a good pus destroyer and an insecticide.

"All of which is important in so far as it is true; but eucalyptus is not nearly so efficient as are other volatile oils. Experiments made with a large number of these showed that oil of cassia ranked first, with oil of cinnamon closely following. Eucalyptus, gaultheria and turpentine were well down the list."

A New Electric Current.

In an article published in a French medical journal, Dr. de Nobele interestingly describes "diathermy" in part as follows:

"It is a new form of electric current enabling heat to be applied to any part of the human body and at any required temperature. Thus, the temperature of the body may be raised locally by two, three or four degrees Centigrade, an increase in the afflux of blood to the part being induced as a result of a considerable dilatation of the vessels, the vital exchanges accelerated and increased and the reabsorption of exudations favored.

"The temperature of the body may be raised still higher until the albumin of the tissues coagulates and destructive effects are produced. It is to this method that Dr. Doyen, of Paris, gives the name of electro-coagulation.

"According to that experimenter, the healthy cells are not killed until a temperature above 60 degrees Centigrade is attained, whereas cancerous cells, in particular, lose their vitality as soon as they are subjected to a temperature of 55 degrees or even 50 degrees Centigrade. When this fact was realized only one step was necessary to utilize this method in the treatment of cancer.

"The heat thus introduced into the body is characterized by the fact that, contrary to the usual processes of calorification, in which heat passes from the exterior toward the interior, in this case it is produced in the interior of the tissues themselves and in so rapid and intense a manner that the circulation of the blood is no longer capable of cooling the tissues to any appreciable extent. Hence the sensation of heat thus induced persists for some hours after an application of diathermy, because the bones, cooling but slowly on account of the slight activity of the circulation of the blood which they contain, continue to yield their heat to the surrounding tissues.

"Electric currents intended to produce these effects should have no decomposing action and no exciting action on the nerves. Both these conditions are fulfilled by currents of high frequency and low tension.

"The therapeutic applications of diathermy are very numerous. They may be made either by the preservative or by the destructive method.

"The preservative method consists in inducing a local elevation of temperature of from three degrees to four degrees Centigrade and in favoring the reabsorption of the exudations and effusions and in appeasing pain; hence its use in neuralgia, rheumatism, gout, rheumatoid arthritis, lumbago, painful gynecological affections accompanied by exudations and in infectious arthritis."

Eucalyptus Globulus—Blue Gum Tree.

Eucalyptus has a favorable reputation as a stimulating tonic to mucous membranes. In chronic catarrhal states of the mucous membranes of the air passages it is employed with advantage. It is especially indicated in bronchial catarrh after secretion is established, but previous to the establishment of secretion it is contraindicated. In diseases of the gastro-intestinal tract, as well as in those affecting the genito-urinary passages, eucalyptus exercises a corrective influence which is often much needed. It is also a good stimulant to the circulation in cerebral anemia, hysteria and chorea. In convalescence from intermittent and other fevers its action is of a building-up character.

The oil of eucalyptus possesses antiseptic and deodorizing properties of considerable value, and is employed locally as a lotion, inhalation and gargle.

The dose of specific eucalyptus (or a good fluidextract) is from 10 to 60 drops. The specific medicine may be prescribed as follows: \mathcal{R} Eucalyptus, gtt. x to \mathfrak{z} i; water \mathfrak{z} iv. Teaspoonful every hour to every three hours.

The Founder a Specific Medicationist.

It is common for physicians to "carry" persons through a course of medicine; the old school a mineral or mercurial course, and the followers of Thomson, a steaming and puking course. This plan, however, has a tendency to lead physicians too much to generalize or adopt a routine of practice for complaints [diseases], instead of prescribing according to *particular symptoms*.—*Dr. Wooster Beach* in 1833.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Louisville, Ky., in June, 1911. J. A. Munk, M.D., president; W. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1912. T. D. Adlerman, M.D., president; E. H. King, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. C. Lloyd, M.D., president; H. Harris, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. C. Griel, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton Street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes Street, Brooklyn. A. B. Wolf, M.D., secretary.

New Jersey State Eclectic Medical Society.

Greeting: The renewed interest in the Society during 1910 was delightful and evidenced a spirit of true patriotism to the cause of Medical Freedom.

Shall we do as well or better in 1911? We can if all take a little interest and do their duty as a few are doing. Don't let the church bell tolling be required to call you to service. Come.

A call for this meeting was sent to the REVIEW for April issue, but for some reason it miscarried. We now ask all to attend the meeting and bring "papers" with you. The secretary can reach only those whose names are on the membership list, but each one receiving this notice and the extra copies enclosed can reach one or more liberal minded or Eclectic physician in his circle.

Please do so and thus do a little good for yourself, others, and the unchangeable and undying principles of Eclecticism.

Election of officers will take place.

Remember the date and place, May 24th, Newark, N. J.

D. P. Borden, M.D., President.

G. E. Potter, M.D., Secretary.

Selections

Tubercular Adenitis.

Glandular tuberculosis presents a problem to the clinician not easy of solution, for its management involves not alone the application of drugs, but also the selection of proper diet and the ordering of and obedience to a hygienic régime which may be extremely difficult of regular enforcement. Next to fresh air and sunshine,

an abundance of nutritious food, cod liver oil offers the largest measure of success and is a necessary adjunct to the foregoing measures. Since the majority of these patients are children of tender years, great care in the choice of the cod liver oil product must be exercised if the physician would derive from it the fullest remedial benefits.

The essentials of a cod liver oil preparation are effectiveness and palatability, and these qualities are surely found in Hagee's Cordial of the Extract of Cod Liver Oil Compound. For these reasons Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is especially indicated in scrofulous conditions, and will prove to be the physician's most dependable selection from materia medica. It may be continued for indefinite periods.

Typhoid Mortality in the French Army.

An interesting diagram, borrowed from the *Bulletin Medical*, shows that this mortality, which amounted to 3 per thousand in 1883, has steadily and regularly declined until 1908, when it was only 0.41 for troops in France and 1.85 in Algeria and Tunis. Standing upon these figures, the editor deprecates the action very recently taken by the French Academy of Medicine in favor of anti-typhoid vaccination.

He inquired from all his colleagues, casually met, whether they would subject their wives and children to this vaccination; they all answered negatively; this, in his opinion, "decides the question." The most efficacious prophylaxis, he contends, consists in the sanitation of garrisons rather than in such a "questionable measure" as vaccination.—*The Military Surgeon*.

The Bugbear of "Indigestion."

"It is often said that ours is a 'nation of dyspeptics.' Medical men appreciate how apt this statement is, and never was there a time when it was more true. Only yesterday one of them remarked, with a touch of humor, that 'people are living so fast today that they do not stop to masticate their food'—a wise observation, we must admit.

"And besides—in the matter of eating have we not as a race departed from the so-termed simple life? Have we not in more than one way become denatured rather than civilized? It seems that the things people eat today are censored to tickle the palate, rather than nourish and upbuild the body—and the consequence of such pleasurable and improper eating is a disordered stomach."—From Brochure on Taka-Diastase.

One is tempted to quote further from this booklet, so interesting is the story in subject-matter and in the manner of its telling. To do so, though, were to defeat the present writer's object, which is to insure a wider audience for the booklet itself—a booklet which is well worth having, whether or not one expects to avail himself of its therapeutic suggestions.

As the quoted paragraph attests, the brochure is well written. Its literary flavor, however, is but half its charm. In its physical make-up the booklet is a distinct novelty, its quaint cover design, its fitting inner embellishments, and its oriental suggestiveness lifting it well out of the casual and commonplace.

The brochure tells how Taka-Diastase came to be—tells how it is made, and in the language of the distinguished chemist and scientist who evolved and gave to the world this valuable ferment. It explains, in attractive, readable form, how Taka-Diastase acts in defective starch-digestion, in gastritis, in diarrhea and constipation, in wasting diseases, and in the diet of infants. It contains a full list of Taka-Diastase products and gives hints as to dosage. Altogether it is an important little work, and one that readers of *ECLECTIC REVIEW* are advised to send for. A copy may be obtained by any physician by addressing a request for the "Taka-Diastase Brochure" to the publishers, Parke, Davis & Co., at their home offices in Detroit—providing, of course, the edition has not previously been exhausted.

Proper Medication and Cheerful Company.

During the past two months, we have met with more la grippe than anything else, and the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved has been greater than we have noted in former invasions. On the contrary, grippal neuralgia, rheumatism and hepatitis have been of far greater frequency, while the nervous system has also been most seriously depressed.

With each succeeding visitation of this trouble we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nerve sedatives, anodynes and tonics rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encouraging skin and kidney action, with possibly minute doses of blue pill or calomel. We have found much benefit from the use of antikamnia and salol tablets, two every three hours in the stage of pyrexia and muscular painfulness, and later on, when there were fever and bronchial cough and expectoration, from an antikamnia and codeine tablet every three hours. Throughout the attack and after its intensity is over, the patient

will require nerve and vascular tonics and reconstructives for some time. In addition to these therapeutic agents, the mental condition plays an important part, and the practitioner must not lose sight of its value. Cheerful company, change of scene and pleasant occupation are all not only helpful, but actually necessary in curing the patient.

Book Reviews

Plaster of Paris and How to Use It. By Martin W. Ware, M.D., New York, Adjunct Attending Surgeon, Mount Sinai Hospital; Surgeon to the Good Samaritan Dispensary; Instructor of Surgery in the New York Post Graduate School. Second edition revised and enlarged. Price, cloth, square form, \$1.25. De Luxe leather, \$2.50. Surgery Publishing Co., New York.

The exhaustion of the first edition and the persistent demand for this helpful book were the incentives for this second edition, which has been completely rewritten and enlarged, and thus its scope of usefulness has been greatly extended. Complete new drawings and marginal side notes in red embellish the book and ninety illustrations are used to more clearly put up to the eye of the reader the intent of its subject matter.

Such information as History, Materials, Manufacture of Bandages, Storage, Bandages of Commerce, Calot Plaster Bandages, The Immediate Preparation of Bandages, Application and Precaution, Removal of Bandages, etc., are all given under the contents of The Plaster of Paris Bandages. Then follow such chapters as Application of the Plaster of Paris Bandage to Individual Fracture, Fractures of the Upper Extremity, Fractures of the Lower Extremity, Moulded Plaster of Paris splints, Plaster of Paris in Orthopedic Surgery, etc., and all presented in such a comprehensive manner as to make this book of particular service to every doctor. The mechanical features of the book are decidedly striking.

The Eclectic Medical Forum. B. E. Dawson, M.D., Editor; C. E. Frazer, M.D., D. R. Alexander, M.D., M. D. L. Isley, M.D., Associate Editors. Published at 1209 Grand Ave., Kansas City, Mo.

We have just received the March issue of this journal, which is to be published monthly, and is the organ of the Eclectic Medical University of Missouri. This issue is full of interesting and instructive items. We wish the *Forum* success and ask the Eclectic physicians generally to subscribe for it.

Items

Commencement and the alumni meeting will take place May 17th. Be sure and attend.

The alumni meeting promises to be especially interesting.

Have you received a copy of the constitution and by-laws of the Eclectic Medical Society of the State of New York? If not send to Earl H. King, secretary, for a copy.

Attend the National, which meets at Louisville in June.

"Papa" is feeling so much better that he has arranged to attend.

The "Admiral," "Uncle Sam," and "Honey" expect to be with him. The "Prince" and the Insanity Expert also expect to attend.

Delegates from New York and New England are arranging to have a private car over the Chesapeake & Ohio. Jolly, isn't it?

We were glad "Mama" was with him. Yet his stay was shorter than usual.

In our last issue we neglected to mention the attendance of The Wm. S. Merrell Chemical Co., at the State meeting. Mr. Lee Wiltsee, general representative and Mr. Mandelbaum, New York representative of the company, were present and mingled with our members throughout the meeting. Handsome souvenir packages, containing original bottles of four tablets of Eclectic formulas, and four samples of Normal Tinctures were presented to all present and were greatly appreciated.

The New England Eclectic Medical Association meets in Hartford May 9th and 10th.

The Indiana Eclectic Medical Society meets at Shelbyville, May 16th and 17th.

On May 23d, 24th and 25th the Missouri State Eclectic Medical Society will meet at Kansas City.

President Rudd, of Fulton, Ky., has issued a stirring appeal to the members of his organization. It rings true.

On May 6th the Eclectic Medical College of Cincinnati will hold its annual commencement.


Fine location for live Eclectic at McGraw, New York.

Dr. W. E. MacLachlan has removed his offices to 67 7th Ave.

Charles R. Bard (Gomenol) has removed to 37 East 28th street.

The graduating exercises of the Seton Hospital Training School for Nurses took place April 27th.

Modern railroad development in its broadest sense is perhaps best illustrated by the Chesapeake & Ohio Railroad. Its modern, new, beautiful, all steel cars and sleepers make travel both safe and pleasant. You leave New York at 5.08 p. m., from the new Passenger Station at 32d St. and 7th Ave., provided with every convenience for comfort, and you arrive at Louisville at 7.30 p. m. You pass through beautiful towns and villages, you can stop over at Washington, Baltimore and Philadelphia, if you wish. The New York office is at 1218 Broadway, cor. of 30th St., and if you go to the National Meeting, the C. & O. is the railroad for you.

*Don't fail to attend
the National in June
at Louisville, Ky.* 

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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No. VI.

It Is Up To You.

No matter what you may think, no matter whether you like it or not, it is a fact that the National Eclectic Medical Association is the representative body of Eclecticism in the United States to-day.

Your future as an Eclectic physician, the future of the Eclectic School of Medicine depends to-day upon the acts and upon the strength of our National Association. Will you, therefore, help to make it a success?

IT IS UP TO YOU, BROTHER. The officers may strive, no matter how hard, to arrange for a great and interesting meeting, but if you stay at home all their efforts are in vain.

You must try to come to the Louisville convention. If we are to accomplish things and obtain our full rights, we must present a strong and united front. Do not sit home and say there will be enough without me. WE NEED YOU. The responsibility is upon you, and the vital questions to be decided at this National meeting are of such importance that every loyal Eclectic must be there.

T. D. A.

Hints and Winnowings.

Meningitis has of late attracted more than ordinary attention, and numerous able articles, written from different viewpoints, have appeared in the medical press. One of the articles referred to, from the pen of Dr. John Aulde, of Philadelphia, and published in the *Medical Recorder*, is especially lucid, and points out facts of the utmost importance which it would be well for the general practitioner to keep constantly in mind. A few of the most valuable suggestions presented by Dr. Aulde are as follows:

"Special attention should be directed here to the condition of the spinal fluid—it is acid in reaction, while under normal conditions it is alkaline or neutral. This chemical deviation is doubtless the

most important factor demanding treatment, for so long as this abnormal condition persists, no possible benefit can be secured from medication. Besides the tendency to pus formation, there is the constant lime depletion with consecutive production or development of magnesium nucleo-proteids, utterly lacking in the capacity for imbibition (absorption); hence, the progressive character of the malady—and the high death rate.

"Morphine and magnesium are positively harmful. Direct treatment should be conducted for the purpose of modifying the virulence of the infection, while collateral treatment equally important, should aim to accomplish certain definite and distinct objects, namely: (1) Neutralization of acid excess—by means of remedies which, while restoring the normal alkalinity of the blood, will also augment its bactericidal properties, to the end that it will measurably neutralize the circulating toxins; (2) Counteract pus formation, by the use of remedies which have proven effective in arresting suppuration in other infections; (3) Promote magnesium dissociation, by overcoming simple replacement, according to the law of mass action, or by disintegration through the action of chemical agents which act upon the organic constituents of the new compounds, resulting from the union of magnesium oxide (calcined magnesia), with the colloids of the nerve structures."

Every few months some one of the editors of pharmaceutical journals apparently has some sort of a severe attack which causes him to belch forth violent and absurd denunciations of dispensing doctors. Having worked himself into a heat sufficient to destroy all regard for truth, one of these angry gentlemen exclaims:

"The dispensing doctor has come into ill repute because he is not regarded as an efficient practitioner of medicine."

In view of the fact that more than sixty per cent. of the members of the medical profession, including some of our most noted and successful men, dispense the medicines they prescribe, the writer of the foregoing must think his readers easily deceived.

After giving several paragraphs of irrelevant statements, the editor returns to his attack on dispensing physicians in a manner which clearly evidences his ignorance of the subject he attempts to discuss. As proof of such ignorance the following is in nowise lacking:

"On the one hand, we find the prescribing physician who devotes his time to diagnostics and prescription writing, in which case the remedy is fitted to the disease, and on the other hand, we find the dispensing doctor who fits the disease he is treating to some particular form of ready-made medicine."

It would be difficult to find a more misleading statement than the foregoing, or one at greater variance with the truth, for as a

matter of fact the dispensing doctor largely depends upon symptoms which he has learned to recognize as reliable indications for certain remedies which he employs, either singly or in simple combinations. Standard drugs—such as quinine, morphine, etc.—he usually employs in pill form. These he purchases in the same manner, and for the same reason that the retail druggist does, namely, because he has not the facilities for making a sightly pill. Again this militant editor comes at the dispensing doctor with the following:

“The law should prohibit the *compounding* and preparing medicines by physicians.”

This wiseacre and seeker of class legislation ought to know that physicians rarely *compound* medicines—manufacturing chemists making it unnecessary for them to do so. The activity displayed by these agitators could be more profitably employed along lines likely to secure harmony and a possible opportunity of furnishing the dispensing doctors with their supplies at a fair profit. An arrangement of this character might not prove a bad solution of the whole disputed problem.

There is a religious cult out in Missouri that claims babies can be created by the “influence of the male mind and soul over the female mind and soul.” Apparently some of the inhabitants of that State are slightly skeptical on this particular point, and, as is their usual custom, asked to be shown. In order to remove the doubts of these skeptics, Mr. Louis C. Boehlk and Miss Maria Olk, of St. Louis, “without the aid of clergyman or any civil official, have become united before God and men,” for the ostensible purpose of proving the feasibility of the undertaking. Mr. Boehlk says he believes “our object will be accomplished.” Possibly he is right, but in case this “union of souls” should prove fruitful it might be a trifle more convincing to the people who wish to be shown if the constant attendance of a sharp-eyed chaperon of some other cult could be made reasonably sure.

The pharmacists who have acquired the habit of continuously asking for class legislation often display a refined sense of humor, as evidenced by the “jokers” they manage to work into their proposed laws. As an illustration the following, tacked on to a proposed new license to sell liquors, is not markedly lacking: “* * * and provided that in any town having a registered pharmacy no physician, except in an emergency, shall sell medicine of his own compounding.”

In March of this year a report was published by the United States government showing that by vaccination in the six provinces around Manila the former annual mortality of six thousand from small pox has been entirely overcome. It is possible that this report

may prove of interest to our anti-vaccination friends. But a man "convinced against his will is of the same opinion still."

After thorough investigation and careful review of many cases, the United States Marine Hospital Service has concluded that infantile paralysis is positively infectious, and that it should be reported by physicians in the same manner as other infectious diseases are now reported to health officers.

According to a recent report of the United States Public Health and Marine Hospital Service 5,093 cases of poliomyelitis have occurred in the United States, 825 of which proving fatal.

It is stated by the Chicago Vice Commission, after extended investigation, that insufficient wages for working girls is one of the principal causes of many of them becoming prostitutes.

The Board of Health of Greater New York has finally decided that the public drinking cup constitutes an element of danger. This action is a wise one, and should have been taken long ago.

J. W. F.

Original Articles

Report on the Alumni Association Meeting, Commencement Exercises and Beachonian Dinner, May 17, 1911.

This year's Alumni Meeting, held May 17th, 1911, at the College Building, marked the closing of the 50th session in the work of our college. There was a fine attendance, and old and young members flocked to the old haunt in goodly numbers.

The Alumni Association of the Eclectic Medical College of the City of New York held its annual meeting May 17th, 1911, at 11.30 A. M. in the College Building. Dr. Ollsen, as president, was in the chair. In the absence of Dr. Hinds, it was voted that Dr. Martin-King act as secretary pro tem. The secretary read the minutes of the last annual meeting, which were approved.

Thirty-two classes responded to the roll-call.

Prof. G. W. Boskowitz introduced the following resolution: Prof. H. C. Hinds having served the College and Alumni Association for twenty-five years, be it resolved, That we amend our rules and regulations to create the position of honorary secretary, which position we unanimously tender her. Dr. Boskowitz reported that a basket of twenty-five roses, with greetings from the association, was sent Prof. Hinds.

The secretary received letters of regret from Drs. Abbott, Whitney, N. H. Waite of Johnston, Vt., and Earl H. King of Saratoga.

Dr. Perrins of Boston made a very interesting address. Dr. Jones of New Jersey spoke briefly on definite medication, followed by Dr. Young, who has not been with us since 1876. The doctor expressed his delight and great pleasure in meeting the members of the association.

The following committees were appointed: *Nominating Committee*—Drs. Theodore Adlerman, MacDermott, Lanzer, Hardy and Green. *Committee on Ways and Means*—Drs. Epstein, Grant, Maginnis, Jones and Greenberg. *Necrology*—Drs. Waite, Lloyd and Gallup.

Dr. Bulson, having resigned as a member of the Alumni Association and member of the Board of Trustees of the College, Dr. Boskowitz asked the privilege of reading full resolution as taken from the trustees' membership book: Resolved, That in case of death, resignation, or disability of any member of the board so nominated and elected, then in that case the Alumni Association shall have the right to nominate a successor to such member, and the Board of Trustees will elect such nominees, provided that party so nominated is qualified in accordance with the conditions of the original resolutions.

It was then regularly moved and seconded that this resolution become part of the minutes.

Dr. MacDermott moved that Dean Hardy be nominated as Dr. Bulson's successor. Dr. Pearlstein seconded the motion. The dean was unanimously elected and thanked the members for the honor conferred.

The Alumni Finance Committee signifying their readiness to report, Chairman Dr. Heeve stated that they had a little more than completed the one thousand dollars necessary for nomination of an additional trustee. This report was received with enthusiasm, and the president called for nominations. Dr. H. Harris nominated Dr. Sillo, who was unanimously elected.

The president called upon the donors of prizes. Prof. Waite presented two batteries, one to Dr. Victor von Unruh and the other to Dr. John E. Haggerty, Jr.

Prof. Pearlstein gave a set of uterine sounds to Dr. Matz.

Prof. Earl H. King's two anæsthetic bags were presented to Drs. Matz and Andrews. Prof. Sibley's book on "Suggestive Therapeutics" was presented to Dr. B. Andrews. The ten dollar gold piece, given by Dr. Martin King for the best paper on "Pediatrics," was given to Dr. Victor von Unruh.

It was then voted that a recess be taken, and all the members were invited to luncheon. After a delightful repast, President Ollsen called the meeting to order. Dr. Boskowitz reported on the college and its splendid financial condition, introducing to the members present the "good angel of the college," Dr. Green, who has donated \$1,800 this year, with a promise of \$1,000 each year to come. This report was

greeted with much applause. Dean Hardy appealed to the members of the Alumni for loyalty, assuring them of the necessity of development and help to further the interest of the institution, which could not be classed as a drowning institution, but on an absolute safe and sound basis beyond any chance of failure or defeat. The dean's report made a pleasant impression.

Dr. C. N. Gallup of Connecticut entertained the members with a short address on "Eclecticism." Dr. Scimeca followed with brief remarks. Dr. G. W. Thompson gave good advice to the graduates and urged them to be loyal to their Alma Mater. Dr. Theodore Adlerman spoke earnestly and impressively on "Militant Eclecticism." Dr. Charles W. Brandenburg struck the keynote of success for our institution by telling the members of the Alumni the necessity of sending more students to keep going this great work in the further development of eclecticism. Drs. Young and Moran responded briefly. Dr. Hinds sent greetings through Mr. Hinds to the members of the association. Dr. Hinds' absence caused a feeling of deep regret.

The Committee on Ways and Means reported the sum of \$17.60.

The Nominating Committee reported the following: For President, Dr. Ollsen; First Vice-President, Dr. W. Louis; Second Vice-President, Dr. Green; Treasurer, Dr. Sillo; Honorary Secretary, Dr. Hinds; Secretary, Dr. Martin-King. These officers were duly elected. President Ollsen appointed Drs. Hardy and Lloyd as installing officers. After the installation the newly elected president took the chair. A vote of thanks was tendered to the retiring officers, after which the association adjourned.

A. MARTIN-KING, M. D.,

Secretary.

The Commencement Exercises were held at Carnegie Lyceum at 8.30 P. M. The seating capacity of the hall was just about exhausted, and this is proof of the fact that Eclecticism in the East has come to be a power to be reckoned with, has come to stay. We see in the large attendance of friends and relatives not only that the Eclectic physician has hit the mark in his combatting of disease, but that our principles are beginning to receive their just valuation on the part of the public in general.

The report of the faculty was made by Dr. S. A. Hardy, dean, and showed the excellent standing of the college. It has been uphill work all the time, and that which has been accomplished is due to the perseverance and determination of the man that knew how to lead and distribute his followers in the fierce battle for existence that was fought for so many years.

The address to the graduates by Dr. Lee H. Smith was as follows:

The Eclectic Medical College of New York City has granted you a graduate's degree as doctor of medicine. This college represents

years of earnest and unselfish labor on the part of the men who have made up its teaching body, and they have, with the alumni, by self-denial provided the generous equipment that has aided in your education. The principal excellence of your Alma Mater is in the character and forcefulness of the men who make up the teaching body. Upon this depends the superior advantages that pertain to a small college where there is that close association of teacher and student.

Thirty-four years ago I was listening, as you are, to an address to the graduating class. The one striking phrase that I remember was, *"Within a few years some of you will plunge so deep into the mud of oblivion that your heels will not show."*

Alas for human prophecy! Of the twenty-eight who listened all worked hard, acquitted themselves as well, or, in fact, rather better than the average human, and while but two are alive to-day, all worked with the highest ideals in view that the sordid and fettering bread and butter problem of this world has permitted. They all tried to keep out of that "mud." To those who have the desire to be useful to humanity and to be truly an aid to the advancement of human happiness there can be no labor so worthy as the profession you have chosen.

During the twenty odd years of my work upon the Board of Medical Examiners of the State of New York but one student from your alma mater has failed to qualify as a practitioner. About twenty per cent. of the candidates from other colleges, and other states and countries, have failed during this time because of imperfect preparation or lack of ability. During this period the standard of requirements both as to preliminary education and the scope of college work have been markedly advanced. The rating of papers by the examiners has ever been severe in this state. While fifteen questions have been asked in each topic, but ten require to be answered. This is in fairness to the student, but, having selected the question, it must be answered in a way that shows a mastery of the topic. But twelve questions will be asked next year, as the overcrowding of the profession is such that every year the examination has been steadily made more strict, until now it is only the well qualified and technically trained mind that can expect to pass the examinations, while practitioners of a few years' standing have no chance to enter. Possibly the test may be so severe that it keeps out of the practice of medicine in this state some men who are exceptionally fitted by genius to be of great value to humanity but who do not possess the gift of passing examinations.

Take the world renowned Ehrlich when he was a student at Breslau. He was pointed out to Robert Koch as *"a genius in staining tissues but a student who will never pass his examinations,"* and he never did. He was given a degree by the university by courtesy. In this state a diploma may have been denied him. To-day his researches in synthetic chemistry are practically of greater importance to human

kind than any yet made. Let me call attention to a few of his notable achievements :

1. (a) A system of staining that enables us to get in touch with what is going on inside the living cell. (b) An improved stain for the tubercle bacillus.
2. The discovery of five new constituents of the human blood—of use in diagnosis.
3. A study of the oxygen requirements of living organisms.
4. A valuable test to diagnosticate typhoid fever. The diazo-reaction.
5. A demonstration that we may be immunized against the effects of vegetable poisons and the toxins of vegetable parasites.
6. Also that animal parasites have the power of immunizing themselves and their descendants against the action of drugs.
7. An improvement in diphtheria antitoxin, and an international standard of purity for it.
8. The demonstration that cancer may be changed to sarcoma by successive inoculations.
9. That the growth of cancer in an animal body depends upon the presence of certain food stuffs in that body.
10. The making and testing of new compounds for the relief of the two groups of parasitic diseases, the Spirilla and trypanosomes.
11. An interesting and valuable theory, the side chain theory of immunity that as a working hypothesis has led to such brilliant diagnostic tests.

Such, then, are the achievements of one who did not do well at examinations, but who possessed a genius for hard work and for discovery. His latest work is mostly taken up with the study of specific remedies for disease, and in this he has made some very important discoveries.

You are entering the profession in an age when great advances are being made in the treatment of disease. Your school has steadfastly held to the motto that "*The true aim of the physician is to get his patients well.*" How much or how little of this art is taught in other colleges than in the one from which you have graduated, you well know.

Oliver Perry, editor of the *Atlantic Monthly*, for a time professor at Princeton, said: "In the large colleges the students have no time to think. In my experience in Princeton I found that the best thinkers were those who came from the little, unknown colleges. The tendency of the large university is toward the repression of individual opinion. It takes great courage to stand up and assert yourself against

the university mob. The type of men who can do this is what the small college can and should develop."

Hon. Elihu Root, at the Commencement of Hamilton College, said: "I believe the American has better chances for education in the small college, where the air is full of college spirit, than in a large."

Charles F. Thwing has said: "The comprehensive advantage of the small college is the individuality of attention. The student becomes the object of notice more prolonged, more definite, more personal. He counts for more. He receives more discriminating thought from professor and faculty. In the class room he is 'quizzed' oftener and out of the class room his welfare is more carefully considered. As a close I venture to express a suspicion—and it is only a suspicion—that if any one were to count up the graduates of the small colleges of America, who have rendered efficient service to the commonwealth and to humanity, and if one were to count up the graduates of the large colleges who have rendered efficient service to mankind, and if one were to compare these numbers with the whole number of graduates of the colleges of the two classes, it would be found that great, and lasting, and noble as are the services given by the sons of the large colleges, the services rendered by the sons of the small colleges would seem to be even greater and more beneficent. The large college is a creature of the last quarter of the last century, and it remains to be proved whether the large college can do the great work for America, and for all men, which the small college has certainly done. The proof one awaits—with both desire and expectation." *

President Garfield once said in a public address: "My ideal of a college would be a log with a student sitting on one end of it and Mark Hopkins on the other."

Such is the general trend of thought among the educated. Colleges attract students because of the ability and excellence of the men who teach in them. Buildings and laboratories are of much less moment than decisive character and ability in the teaching force. The keynote of education is, "*Vaccinate the student with a desire to master the known values of the subject in hand.*" The close association that comes with a small class, where the student and the teacher rub elbows, as it were, has given you great advantages in the mastery of the preliminary details of your professional studies. You now enter upon the post-graduate study of the most technical and highly refined of professions. There are many momentous medical questions that await your study, and which you must work to solve. The reputation of your school now lies in your hands. By your work will its respect be enhanced.

Art and science are combined in your future work. Take with you all the delicate, important and decisive methods that have been

*Charles F. Thwing, *The Forum*, 1902.

taught in your college work and add to it your own genius and personal intelligence. Let no accident dismay you. Work on steadily and you will be astonished and gratified with the results.

There is no work so soul-satisfying as the one in which you have embarked. At the close of the day, as well as at the close of the work of life, the merchant, banker and farmer sees a certain amount of financial gain or substance added to the world or his possessions. As you sit by the fire at the close of your life's labor you will have moderate compensation for your work, and also, what is of more value, heartfelt comfort and satisfaction, due to your work for the relief of human suffering and sorrow. Truly, in the gratitude of those to whom you minister and relieve is the greatest reward and return of your labor. It soothes and sweetens for you that day at the end of time when you "Fold the drapery of your couch about you and lie down to pleasant dreams."

The degrees were then conferred by Dr. G. W. Boskowitz, president of the college, in due form, upon the following: Benjamin C. Andrews, Simon Bloom, M.D., Francesco F. Caliva, John E. Haggerty, Jr., Samuel A. Lewin, George Matz, Max Minkoff, Martin Nemirow, Henry Seligman, Victor von Unruh, A.B., D.D.S.

The valedictory as delivered by V. von Unruh, A.B., D.D.S., M.D., followed:

Mr. President,

The Honored Faculty of the Eclectic Medical College,
Ladies and Gentlemen:

It is a distinguishing honor and a privilege I esteem highly to be the chosen speaker of the graduating class, on whose behalf I greet you with the most hearty welcome. Permit me, first of all, to voice our deep gratitude toward all in this festive assemblage. We feel a sense of buoyant honor at your presence and a great joy at your adorning the celebration of an event so important for us, when we set our sails for new travels upon the sea of life.

Our Alma Mater, through the members of the faculty, has spoken her last word to us, the students, and it henceforth becomes our duty and vital concern to think and act and speak for ourselves. This is the goal upon which our ardent wishes have been focussed for four long, hard years. And now the attainment of our aim accelerates the pulse-beat, colors the cheek, and raises the head in a sense of new-born pride. Thus far under the guidance of our revered masters we have traveled and worked our way through the winding corridors of human knowledge to this first point of rest: a point of rest we believed it to be until this moment, when the vista of the future holds out for us another longer and more difficult voyage. It is here that we recognize the truth of the eternal and universal law of activity—that *one* great riddle of the universe, the timeless miracle of change.

Its meaning for us is "work." For there is no rest throughout the universe. The Greek philosopher declared that "Before virtue the immortal gods have placed the sweat of the brow;" the same idea is expressed in the modern philosophy of Pragmatism: "That which works is good." The principle of ever-active law and order governing the universe down to its minutest details we see embodied in our emblem, the Eclectic Lamp; we see in it an ever-burning light of progress, of truth, of life. We carry not the insignia of death—skull and cross-bones—but an Alladin's lamp that illumines the bearer's path with knowledge of the secrets of life. But more than this, not the knowledge alone, but the deep conviction that what we have been taught is truth—it is that which makes of a man an imperturbable power in life, an impregnable fortress reared wisely and faithfully upon eternal principles. To abide by and practice these principles we, the graduating class as one, are sacredly pledged; as our emblem reads, we come in the service of life!

To you, gentlemen of the faculty, we wish to render our sincerest thanks; you have given us all that any one could give—nay more; you gave yourself, and no compensation on our part can ever square the account with you; but we know that "he that gives all has more than all to get." I think our gratitude will find its best expression in the assurance that, come what may, we will firmly support and steadfastly stand by the cause of Eclecticism. Thus we are here not to say "fare-well," but having received from your hands the sanction to become one of your number, we will follow the call of the chosen leader. In the field of scientific training it is your method, the Eclectic method of personal, individual instruction which has equipped us for our work as no other school of medicine could have done. In the relations between teacher and student we know that, wherever we may go, none so friendly, none so cordial, none so sincere could be found. You have not only been our teachers, but what is far more valuable and conducive to the welfare of the students, our friends. We are thankful to you beyond the power of words.

You, dear fellow graduates, I know will feel with me that the years we have labored together and the relations established have accrued to our mutual benefit. Of rainy days there were many, often too many we thought, but the sunny days were there, too; and it is one of the best traits of the human soul that it is more prone to remember the joys than the sorrows of life. True enough, we have had to make sacrifices; but no great achievement, no accomplishment, is possible without them; sacrifices are but a means to an end; and having attained the end, the scars are soon forgotten. Let us rejoice in the fact that we have become friends, not so much because of our physical nearness, but of the metaphysical ties of understanding that unite us. And these bonds will continue in the future. Whenever Maytide

comes round again the thought and remembrance of this day will be reawakened, and we will gather on such occasions to shake each other's hand and say with sincerity, "We are glad to meet once more." My honest wish for every one of you, my fellows, is that such success as I wish for myself may be yours, everywhere and at all times.

And finally a word to you, fellow students, whom we leave behind: It is but one year hence when some of you will follow us, but that one year will seem to you as hard as the previous three combined. But you know that there is a harvest ahead, and even if this seem distant, the best thrift is not to economize on your seedcorn. We have enjoyed many hours together, in our studies as well as in the pleasures of our social gatherings; and we want you to know that we count those hours among the happy ones in our lives. I enjoin you to be ever mindful of and watchful over the principles of our school. Be true to yourself! And it follows like day upon night that you cannot be false to another. Let your attitude be that of an eagle about to take flight from a peak—aim at the sun!

* * *

It was after 10 o'clock when the exercises closed, and the Annual Beachonian Dinner at Healy's, 66th Street and Columbus Avenue, followed. There was a rush to the dining-room, which was soon overcrowded by an unexpected number of guests. However, the threatening confusion was soon straightened out by diverting into an adjoining room those that could not avail themselves of seats in the jungle room. After the dinner Vice-Royal Fellow, C. A. Crispell, in the absence of Royal Fellow, G. C. Glenn, welcomed the crowded diners on behalf of the Beachonians and introduced the first speaker, Dr. J. T. Sibley. Without him any public function of our Alma Mater would be deemed "out of true." The class orator of '11, Dr. V. von Unruh, followed, giving testimony of the devotion the class felt to their Alma Mater and their school. He also expressed filial allegiance to "papa," whose example to emulate, he said, was the aim and worthy the efforts of a man's life. The class historian, Dr. J. E. Haggerty, rendered an account of the members of the class that was as witty as the Irish can make it; but it had cost the author a good deal of his hemoglobin. Dr. S. A. Lewin, the class prophet, had manufactured a "futurescope" through which he afforded a view of the coming doctors; his prophecies were received with volleys of laughter which they so much deserved. The class poet, Dr. M. Nemirow, read his composition and was repeatedly interrupted by applauding as well as opposing utterances. Dr. C. A. Tyrrell, the last speaker at the dinner, had sufficiently recuperated from an attack of rheumatism and was in as fine a shape as could be desired. "Papa" has often declared him to be the best after-dinner speaker in the United States, and whoever might not

have known this, on hearing him will be convinced. His witticisms splashed forth like a babbling brook running over cascades.

After the speeches the younger element enjoyed "one or more" dances until the short hours of the morning proved even too long for the young folks.

The whole day was marked not only by a grand success, but particularly by ever prevailing harmony from start to finish.

Saccharum (Sugar).*

BY JOHN URI LLOYD.

The sugar cane (*Saccharum officinarum*) is cultivated in all tropical countries, such as India, China, Mexico, the West Indies, etc. Its native land is probably India, or the Indo-Chinese countries and islands. As made from the cane, sugar has been known from time immemorial. It is mentioned by such early writers as Theophrastus, Herodotus, and others, who knew raw sugar as *honey of canes*, and in the early Christian era sugar became well known under the name *saccharon*. Dioscorides, A. D. 77, describes it as obtained from India and Arabia Felix, stating that it resembled salt in bitterness. Pliny mentions it under the name *saccharum*, and an unknown writer, A. D. 54-68, mentions it as an article of import to the ports of the Red Sea opposit Aden (see Burton for description of that country, "First Footprints," etc.), but it is doubtful whether it was brought from the eastern or western parts of India. It is mentioned by Abu Zayd al Hasan, A. D. 850, as produced on the Persian Gulf, and A. D. 950 Moses of Chorene states that it was then manufactured in quantities. Sugar was introduced into medicine in the tenth and eleventh centuries by Rhazes (a physician of Bagdad and Persia), who died about A. D. 923, Haly Abbas and others; but it had ever been employed, as it is still employed, in domestic medicine for the purpose of disguising unpleasant materials and for sweetening acrid substances. Burton found crude sugar an article of domestic use and preparation (in his journey to Herat) by several tribes of native Africans. Sugar as a remedy in itself has been quite often a therapeutic factor in both domestic and regular medication.

* Lloyd Library Bulletin No. 18 (which carries the above paper), will give a brief history of every vegetable drug of the Pharmacopeia of the United States, 1900 edition. This Bulletin, like other Lloyd Library publications, is not in general circulation, being designed solely for exchanging with the publications of Scientific Societies and Academies of the world. Extra copies will be printed for those who, before May 15th, address, with One Dollar, "The Lloyd Library," Cincinnati, Ohio.

Some Points in the Surgery of the Brain.*

BY LEWIS LANZER, M.D.

I appear before the society to-day to speak of the surgery of the brain not as an apologist, but as a modest exponent of a splendid and established department of general surgery. It would be impossible in the short time of twenty minutes to give any adequate account of so vast a subject as that of intra-cranial tumors. I shall attempt no such task, but shall only endeavor to draw your attention to the resources which surgery offers for the relief or cure of these terrible cases.

One reason that influenced me choosing this subject was that it would enable me to arouse in others an interest as yet latent. I propose to bring before you examples of the various operations that may with advantage be performed and thereby to attempt an answer to the question, "What do patients gain from surgery that are suffering from tumor of the brain?"

In the first place a well-defined and accessible tumor, such as fibroma or endothelioma of the meninges, can and should be completely removed. 2nd. Local solitary manifestations of tubercle and sometimes of syphilis should be removed. A successful case of removal of a gumma of the left cerebellar hemisphere by Horsley is recorded. 3rd. Infiltrating growths, such as glioma and sarcoma of the brain, can seldom be completely removed, chiefly because in the living brain there is often no visible and obvious line of demarcation between the brain and the tumor tissue. 4th. Cysts, simple or malignant hydatid, should be dealt with by drainage or by ablation, according to circumstances. 5th. When the tumor cannot be localized or is too deeply situated for removal, the skull and dura should be opened so as to relieve the intra-cranial tension.

The problem presented to the surgeon in a case of suspected cerebral tumor is three fold. 1st. Is there an intra-cranial tumor? If so, where is it and what is its nature? To the first question an answer can often with confidence be given; to the second much less frequently, and to the third rarely. In other words, we may usually be sure that a tumor is present, but its exact localization often presents a perplexing and possibly at the present time an insolvable problem. The diagnosis depends mainly upon a correct interpretation of the symptoms presented. In the first place we find that intra-cranial tumors give rise to a group of general cerebral symptoms which are quite independent of the seat or nature of the growth or of any particular lesion of the brain. These are produced by (a) alteration of the intra-cranial tension; (b) œdema, inflammation or irritation; (c) toxin absorption.

* Presented at the 1911 meeting of the Eclectic Medical Society of the State of New York.

Are there any symptoms which definitely indicate the position or even the existence of a brain tumor? None. Not one symptom alone will give us this information, but the association of certain symptoms do afford us, if not the certainty, at least a strong suspicion of the existence of such a lesion. Neither headache, vomiting, optic neuritis, fits, vertigo, or hemianopsia alone warrant the diagnosis of cerebral tumor. Even the most eminent neurologists will differ as to the location of a brain tumor, but two or more of these symptoms in combination do constitute evidence of the existence of a brain tumor. For example, optic neuritis and headache in the absence of anemia and albuminuria fits, followed by paralysis or fits commencing with an aura and involving in turn the various segments of one or both limbs in a regular order corresponding to the topography of the motor cortex. Optic neuritis, unsteady gait, hemianopsia and optic neuritis. It is impossible to exaggerate the importance of the presence of optic neuritis. The absence of this sign may make the diagnosis impossible, while its presence may make the diagnosis positive. The time and manner of the evolution of symptoms is of equally great diagnostic importance. There may be complete latency of all symptoms and the tumor remain unsuspected the patient either dying suddenly apparently from the tumor or from some other intercurrent affection, during the course of which no symptoms suggestive of brain tumor are observed. The general symptoms of cerebral tumor: The syndrome may be first manifested, localizing symptoms occurring later or not at all, and it may be reversed. Localizing symptoms occurring late have less definite localizing value than the same symptoms occurring early. We

Idiopathic epilepsy, hæmorrhage, dementia and melancholia must have no evidence that a brain tumor once developed ever spontaneously disappears, except gumma and perhaps tubercle.

be recognized apart from brain tumor. Among the sources of error under localization may be mentioned multiple tumors and œdema spreading widely from a tumor. The importance of opening the skull before the tumor has attained a large size is now well recognized. It is also known that optic neuritis may not be manifest until shortly before death, and it is no longer thought necessary, but rather disastrous, to await the completion of the syndrome before operating. The diagnosis of intra-cranial tumors is a very complex problem. Surgical intervention is, unhappily, still our only remedy for certain classes of brain tumor. Brain symptoms may arise from tumor of the cranial bones or of the meninges as well as from tumors of the brain itself. The tumors of the cranial bones which are of chief importance are sarcoma and carcinoma. Sarcoma of the dura mater may grow from its outer aspect, destroying the bone but not perforating the dura. Indeed the dura seems to offer considerable resistance to perforation by sarcoma. Tumors of the meninges of common occurrence within the

dura are fibroma, fibro-sarcoma, endothelioma and solitary tubercle. These tumors either compress the brain, making a depression in which they are found, or seem at first sight to occupy the substance of the brain, but then on careful examination an adhesion to the meninges is found showing their real origin. Tumors which are capable of enucleation are more frequently met with below than above the tentorium. Tumors in the occipital fossa are of various kinds. The common varieties are fibroma, myxo-fibroma, fibro-sarcoma, endothelioma, sarcoma, glioma, simple cyst and solitary tubercle. A brain tumor may begin in the meninges and invade or displace the cortex secondarily, or it may begin in the subcortical tissue and then grow towards the deeper parts, such as the internal capsule. Tumors growing in the deeper parts of the brain, such as the optic thalamus, the corpus striatum, or the pituitary body, are at present considered inoperable, but much may now be done for these cases by decompressive operations, and it is by no means improbable that in the near future they will be successfully removed. Tuberculosis of the brain, whether in the form of miliary tuberculosis or in the form of a localized tumor or tumors, has its origin in the meninges. The difficulties of successful surgical intervention and the possible disappointments are obvious.

In regards to the technic of a cranial operation, I can do no better than to quote from Frank Hartley's paper: 1st. Instruments which will open the skull quickly over any desired area to any extent. 2nd. A method of cranio-cerebral topography which will permit an accurate exposure of the intended cerebral area. It should be so accurate that the flap is neither too large nor too small. Chipault's is the best method, as it adapts itself to the skull of all ages, races or individual peculiarities. 3rd. Osteo-plastic flaps cut so that they will expose the desired area in the easiest manner. A record of pulse rate and blood pressure is taken before operation. The patient's head is shaved before operation and Chipault's measurements are made and marked with a fuchsin pencil on the scalp just before operation. The patient is placed on the table with the head of the table raised between 15 and 30 degrees. This position has been sufficient to stop the bleeding from the veins and to lower the arterial pressure. The sphygmomanometer is placed on the arm and the blood pressure is recorded. A sudden fall of blood pressure will warn the anæsthetist of an impending collapse. The tourniquet is applied. If this is not used, buttonhole stitches, Kredel's plates and the Haidenhain's stitch can be used with advantage. The flaps are either four or six sided. Each limb is cut with a single stroke of the knife. The periosteum is retracted on the bone surrounding the incision only. A drill is applied to each angle (four or six holes). A few words in regard to the drills used. The best instruments for that purpose are those devised by Dr. W. H. Hudson of Atlanta, Ga. In connection with the Gigli saw, Hartley's elaborate electric saw and

drills are still better but are not at the disposal of all surgeons. After the bone and skin flap having been raised, the next thing that requires attention is the hæmorrhage from the bone. There are several ways of doing that: (a) a Horsley's wax; (b) b decalcified bone plugs; (c) c boiled toothpicks; (d) d cotton wool; (e) crushing forceps. The reflected flap is protected by a towel, the dura exposed. The dural flap is cut 1 cm. from the edge of the bone and on all but one side of the exposed area. During this stage of the operation two accidents must be avoided—undue hemorrhage and opening of the lateral ventricles. Every vessel that bleeds must be ligated and every one that must be cut should be ligated before division. Capillary hemorrhage is managed with moist gauze at 115 to 120 degrees. Venous hemorrhage or oozing is treated by giving oxygen. The longitudinal or transverse sinus or any large vein is closed by the total or lateral ligature or by suture. If the hemorrhage cannot be controlled in this manner the best results have been obtained by tamponade and compression by the flap replaced. Careful hemostasis limits as well the danger of a late encephal meningitis.

The second accident occurring during this stage is the opening of the lateral ventricles and the escape into them of the detritus of the tumor or of the brain tissue or of blood, which will form a nidus of infection. The mere opening of the ventricle, if one can see it at the time and avoid its infection by the admission of foreign material, is not dangerous. If the hemostasis is complete the dura is sutured and the osteo-periosteal flap is replaced. During the after treatment of cranial operations certain complications may ensue. First, acute cerebral edema of pericranium; 2nd, hyperpyrexia. This occurs after both severe and moderate handling of the brain, especially if the ventricles have been opened. The cause is toxicity of the products of secretion of the neoplasm, infection itself or leison or irritation of the thermal centers. 3d. Encephal meningitis may be caused by injury to the cerebral tissue or by infection from the patient's blood or from without. It is usually seen during the first month after operation, coming on slowly and manifested by localized convulsions, contractions, paralysis, somnolence or delirium. I have now only to express the hope that I have been able to show that the victims of tumor of the brain have in surgical intervention a means of relief and sometimes of cure. These operations are not to be rashly undertaken by the novice in surgery. Cases of brain tumor requiring surgical relief are numerous and widely distributed, but those who operate on these cases are few and far between. Not so long ago the same was true of abdominal leisons, but now the surgery of the abdomen is successfully practiced by the great body of surgeons. Until this stage in the history of brain tumors has been reached many remedial cases must go unrelieved. Up to the present those of us who have worked in this

field have been passing through a period of criticism, of opposition not always friendly, of many disasters, and of some great achievements. Indeed, the history of operations for brain tumor so far may be compared to that of the early years of ovariectomy. Of those who have contributed to the slow but certain progress of this department of medicine and surgery some are known, but many are unknown to fame. Though in this, as in every other branch of science, each stage in the advance of knowledge is associated more particularly with one or more great names which are interwoven with its history. We ought never forget what is due to those of less renown the most obscure practitioner who has accurately observed and recorded an important fact. He also has added his stone to the foundation.

220 Penn St.,
Brooklyn, N. Y.

An Emergency Call.

BY N. M. DEWEES, M.D.

Through experience we acquire knowledge. We sometimes acquire knowledge through either our own mistakes or the mistakes of others. The case given below is the latter.

A few months ago there was a drunken brawl among some of the commoner people of this city. A woman, six months pregnant, while standing in the yard was grabbed by the arm and jerked by a drunken woman. The pregnant woman felt a sharp tearing pain in the lower part of the bowels. She went home and called her physician, and he in turn called another in counsel. Nine days after the accident, while passing the house I was called in. The patient was sitting before the fire in a chair. At a glance I saw that she was in a dying condition. Helping carry her to the bed she was placed in as easy position as possible, and upon learning of her pregnant condition an examination was made to determine the cause of her serious condition.

The perineum was swollen to a remarkable degree, but finding the uterus normal they were advised to call their physician at once as I had no business in the case. A few hours after this meeting I met one of the physicians in question on the street, and asking him about the patient, he replied: "Oh, she will not live until morning; she is dying of pneumonia." I replied that pneumonia must have developed mighty quick as I had been there not more than three hours ago and there was no sign of pneumonia then.

The patient died sure enough before morning, and there was a post-mortem held. I did not get a bid to be present, but took the pains to read the death certificate, which read the cause of death was Rupture of the Bladder. This patient had been given diuretics

from start to finish, because the urine was so scanty. They seemed to have caught the emanation coming from the neighborhood of Chicago, "Clean out, clean up, keep clean," which some seem to think the *Ne Plus Ultra* of the healing art. The patient showing no sign of improvement after that the doctors concluded that it must be pneumonia, which to them was well nigh incurable. If it had not been for me, it is safe to say that no post-mortem would have been held, and the cause of death would have been given as pneumonia. We have a Board of Vital Statistics. The taxpayers foot the bill. It would seem that the next thing in order would be a bureau to determine the value of the vital statistics.

Items from the Field of Neurology.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

In a recent report by Dr. Lagrain, of the Municipal Hospital for the Insane in Paris, France, he asserted that 60 per cent. of the mortality cases could easily be traced to alcoholic degenerations. This was confirmed by Savage of London, who claims that an alcoholic history in both acute and chronic cases was of equal significance to that of syphilis and has a very important part in the final treatment.

Arteriosclerosis and cerebral hemorrhage are often traceable to alcoholic excesses. In a study of ten cases by Grothers, the fact came out that six of them had at some previous times used spirits to excess.

There are many examples met with (Practitioner) of the so-called gouty, or rheumatic manifestations of lumbago, sciatica or neuritis which show a blood pressure somewhat below normal. Many of these cases have a subnormal acidity of the urine and are liable to a copious deposit of phosphate, which leads to a state of nervous depression.

Are you ready for the National meeting at Louisville? If not, get ready, the time is near and the Empire State ought to be well represented. The Chesapeake & Ohio Railroad is the road to go on. Join the crowd!

For the New York Medec. Jour. Pope reports a case of cerebro-spinal syphilis followed by paresis. He claims that syphilis in this domain of the human economy constitutes a valuable diagnostic

point. When one runs across a mixture of psychic and somatic symptoms, a *mélange* of no type, unsystematized, appearing and disappearing, recurring, better now, worse to-morrow, this should lead to an inquiry and to a serodiagnosis. One must remember that nervous syphilis follows no law, no rule, and that it is very inconsistent. Especially does this apply to mental symptoms in conjunction with the physical ones.

I have often thought that the etiology of hysteria neurasthenia, hypochondria, must have some common predisposing origin.

*Vipond in the British Medical Journal calls attention to peculiar similarity between typhoid fever and poliomyelitis. Both diseases occur late in summer or fall months. As soon as cold weather sets in, to an extent, both become extinct. During the late summer and fall months of 1909 there was an epidemic of typhoid in Montreal among the adults and at the same time an epidemic of poliomyelitis among young children and babies. Diarrhœa is a common symptom in poliomyelitis and typhoid. Both diseases are prevalent in large cities and small towns at the same time, and if you examine the blood in poliomyelitis you will find the widal reaction present as in typhoid.

Porticollis paralytica is the result of paralysis of the sternocleidomastoid muscles supplied by the spinal accessory nerves. The affection is rare. I have seen only one case of it. This paralytic wry-neck is characterized by an abnormal position of the head, due to preponderance of the normal muscles on the opposite side. The chin is raised and turned somewhat toward the diseased side. Voluntary rotation of the head is very difficult, but can be accomplished passively. The power to turn the head is not entirely lost, and can be performed by the uninvolved muscles.

The occurrence of epilepsy in infancy is of great interest if only for the reason that the heredity and the etiology may be discerned during this period with greater certainty than later. The differentiation of an epileptic attack from other convulsions of early childhood is not an easy matter. The separation from convulsions which arise from tetanoid hyperirritability is difficult, and under some circumstances one variety of convulsions may emerge from another.

The infantile brain is much more susceptible to poisons than that of the adult. Thus intoxication with alkaloid, carbolic acid, iodoform or alcoholic intoxication will give rise to convulsions, while in an adult such a condition is exceptional.

Among the Jews the proportion of insane has been observed to be very large. From statistics collected by Buschau, he concludes that they are four to six times more liable to mental disease than are the non-Jews. Lambroso claimed that in Italy there is one insane among 391 Jews, nearly four times as many as among the Catholic population of the country, which had only one to 1776. In Germany and in Denmark the percentage of Jewish insane is very large, nearly more than double that of the non-Jewish population. Among the troops in Russia there was 2.19 per cent. Jewish insane, as against 0.91 of the non-Jewish. Frank G. Hyde in New York City collected statistics of the admission of Jewish insane to asylums from 1871 and 1900, and found that of 17.135 males 10.05 were Jews. The causes of the great frequency of insanity per cent. among Jews is an interesting problem, and must receive attention. It may be, as Buschau claims, it is a racial characteristic (?). The Jews are neurotic, as is manifested by the frequency of various nervous affections and the chances of perpetuating the nervous strain by consanguineous marriages is greater among Jews than among peoples in whom nervous disease is not frequent.

Poisoning by antipyrin and phenacetin may produce convulsions in children and especially upon the appearance of drug exanthemata. Lohands reports a case of poisoning from "balsam of Peru" in a child aged six years, who succumbed to convulsions. The poisoning occurred by suckling at the nipple of the mother, which had been anointed with the balsam.

Do not forget the National meeting at Louisville. The Empire State should have a great delegation. All aboard by the Chesapeake & Ohio Railroad.

Trousseau's phenomena of "true tetany" occurs only in older infants and is a characteristic rigidity of the extremity which may be produced by constriction of the upper arm by means of an elastic ligature, or by pressure of the hand exerted upon the nerve trunks situated in the sulcus bicipitalis for about two or three minutes. During this artificially produced tonic spasm the same condition can be seen in the upper extremities as in spontaneous spasms of tetany.

The principal object of treatment of paralysis of the bladder is to prevent damage to the bladder. This may occur as the result of retention of urine, cystitis developing, or rupture of the bladder taking place. The remedy against immediate danger is aseptic catheteriza-

tion. This should be performed twice daily in exceptional cases, as in diabetes, it may be done oftener. Careful asepsis should be the rule, and then electric treatment, strychnine, ergot and physostigma are used, but remove the cause or the disease which produces the paralysis and you will accomplish much.

The effect of belladonna on the sphincteric muscles is remarkable. Give it in ascending doses for a length of time and then increase or diminish the dose as required by the presence or absence of physiological effects, and the same results you can get from atropine under same conditions. Try it in enuresis nocturna.

The discussion whether a masturbator should be advised to marry or not is superfluous. When a patient is under our treatment for masturbation and gets well there is no necessity for this advice. If he does not get well he will not ask for such advice, and it is foolish to suggest matrimony as a cure for masturbation that requires treatment. Sexual perversion is not cured by marriage.

The so-called paralytic impotence cannot be cured. In most cases the cause cannot be determined.

In functional impotence the results are very good; in organic impotence the results depend upon the nature of the cause.

This is the month of June. We are busy with our article for the National at Louisville (are you going by the Chesapeake and Ohio Railroad?), so we will cut these items down a little.

70 Rogers Ave., Brooklyn.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Summer Complaint.

The duty of judiciously instructing mothers in regard to the diet and care of their young children is one not to be lightly considered by the family physician. Important as is a carefully selected treatment of the wrongs known as summer complaint, a wisely selected and thoughtfully regulated diet is none the less essential.

If all young mothers would willingly perform the maternal duties for which they were created, the care, duty and responsibility

of the physician would be vastly lessened, but unfortunately mothers are frequently found who have thoughtlessly become imbued with the abnormal notions of the "new woman" to such an extent that they seem to regard motherhood, and all of its duties, as things they have a perfect right to shirk whenever possible. I often wonder if such women ever think of the only term that can be truthfully applied to a woman who willingly cohabits with a man and still refuses to become a mother and perform the duties incidental to normal life.

In numerous instances the mother will try to convince herself, as well as the doctor, that her milk is not good, that it is not sufficient for her baby's need, that her health is not equal to the task of nursing her child, and yet it is conservatively estimated that at least ninety per cent. of American mothers, under proper treatment and care, are fully capable of providing the nourishment which greatly increase the prospects of their offspring reaching maturity. Some mothers are unwilling to recognize this fact. Physicians, therefore, should endeavor to convince them of the fact that even mothers' milk of a slightly inferior quality is far superior to any artificial food yet devised. Still, an occasional case will be found in which it will be absolutely necessary to resort to artificial feeding.

Next to mothers' milk cows' milk, modified in accordance with the age and condition of the individual infant, is probably the safest and most frequently indicated infant food. Many physicians believe that cows' milk should be sterilized as soon as received, while others think it should not be subjected to more heat than is necessary to give it the warmth of mothers' milk. During my long experience I have employed almost every known form of feeding, and many times have been compelled to change from one kind of food to another until that suited to my case was found. The various prepared foods on the market are good, and will sometimes serve better than cows' milk. Barley water and animal broths are frequently found useful. In some cases albumin water has proved life-saving. In referring to this fact the editor of the *Medical World* well points out the essentials in regard to its preparation in the following:

"Granting that albumin water is probably the best temporary substitute for an illy digested or improper food, let none of our readers be hereafter guilty of ordering it prepared simply by mixing with water. A very small quantity of salt and approximately the correct amount of sugar should always be incorporated. The amount of salt is, of course, almost infinitesimal; but it is an absolute essential, and without it life cannot be maintained any material length of time. The sugar employed is preferably milk sugar though we are not aware that it has been *proved* that cane sugar is

injurious to infantile digestion unless added in quantity sufficient to derange digestion by the excess of contained ingredients."

Regularity in feeding is of the utmost importance. Over-feeding must be guarded against, and water given as freely as possible. Dirty bottles and sour nipples have sometimes caused babies to pass over to the great Beyond. It is wise, therefore, for the physician to see that they receive proper care. The bowels should be closely watched by the mother or nurse. Even when an infant is teething, the cause of more than four movements within twenty-four hours should be considered by the doctor. Opium preparations are not suitable remedies for children and should never be permitted. In properly selected cases a few doses of equal parts of castor oil and glycerin may constitute a part of the required medication. Fresh air in abundance is always needed, and if the child is located in the country the hot days may be passed under widely branching trees. But whatever else we do, we must be sure that the patient is given water plentifully; not in large quantities, but in sufficient amount, and often. Water never kills, but the want of it has often done so.

Aconite and Veratrum.

While reading reports of cases given in some of our journals I sometimes find that an otherwise good treatment has been greatly impaired by the exhibition of aconite and veratrum in combination. These two drugs are never indicated at the same time, as they are therapeutically antagonistic, and their effect when combined in a prescription must be much like the force secured by attaching a horse to both ends of a cart. Aconite is *usually* the specific remedy in asthenia, and, briefly speaking, is specially indicated when the pulse is small and frequent, while veratrum is *usually* the specific remedy in sthenia, and is called for when the pulse is full and bounding.

Aconite and veratrum were favorite remedies of the late Prof. John M. Scudder, and he gave a life-long study to their therapeutic action, acquiring a knowledge of their medicinal power probably unequalled by any other therapist of his or the present day. A short time before the end of his long experience in the use of these drugs, in an editorial published in his *Journal*, Dr. Scudder said:

"In general terms, veratrum is the remedy in sthenia, aconite in asthenia, but there are too many exceptions to this to make it a safe rule for our guidance.

"Veratrum is the remedy when there is a frequent but free circulation. It is also the remedy when there is an active capillary circulation, both in fever and inflammation. A full and bounding

pulse, a full and hard pulse, and a corded or wiry pulse, if associated with inflammation of serous tissues, call for this remedy.

"Aconite is the remedy when there is difficulty in the capillary circulation, a dilatation and want of tonicity of these vessels, both in fever and inflammation.

"It is the remedy for the frequent, small pulse, the hard and wiry pulse (except in the cases above named) the frequent, open, and easily compressed pulse, the rebounding pulse, the irregular pulse, and indeed wherever there is the evidence of marked enfeeblement of the circulation.

"It is the sedative I associate with belladonna in congestion, especially of the nerve centers, and to relieve coma. Whilst I would use veratrum with gelsemium in determination of blood to the brain, and in active delirium.

"Veratrum acts more efficiently upon the excretory organs; indeed, I believe it to be one of the most certain remedies we have to increase excretion. Hence it is employed with great advantage for those purposes usually called alterative.

"Aconite controls excessive activity of the excretory organs, whether of the bowels, kidneys, or skin. Thus it is our most certain remedy in the summer complaint of children, associated with belladonna in diabetes insipidus, with the bitter tonics and strychnia in phosphuria and oxaluria, and with the mineral acids in night sweats."

A Few Summer Remedies.

Aconite lessens vascular excitement and the rapidity of the circulation, promotes secretion from the skin and reduces the temperature. It has a decided action on the secretory organs, and, in consequence of its control over the excessive action of the skin, bowels and kidneys, has long been deemed a medicament of great value in the treatment of the summer complaints of children.

Amygdalus persica constitutes a valuable remedial agent, and is especially indicated in irritable states of the stomach. It is employed with gratifying results in many cases of acute gastritis, and in cholera infantum it has often proved essential to a successful treatment.

Baptisia has a wide range of usefulness, and frequently becomes a summer remedy of decided value. It is especially needed in cases of diarrhea and dysentery characterized by a tongue and mucous membranes of a dusky discoloration and fetid stools mixed with decomposed material.

Belladonna is an absolutely needed drug when the patient appears dull, and sleeps with the eyes but partially closed.

Bismuth subnitrate is employed with marked results when the tongue is red, pointed and elongated. This symptom is often seen in diarrhea of children, as well as in many cases of cholera infantum.

Chamomilla is frequently indicated in the diarrhea of children, and is especially needed when the discharges are green and slimy. In the irritability and nervousness of teething children it has but few equals. In abdominal pain and colic in children it is also an efficient drug.

Ferrum phos. constitutes a medicament of usefulness in diarrhea characterized by watery and mucous green discharges.

Geranium is an unequaled remedy in many cases of diarrhea and dysentery, and is especially indicated in cases in which the patient has an almost constant desire to go to stool.

Ipecac is frequently needed in cholera infantum, and in ordinary cases of summer diarrhea. It is a potent remedy in cases in which there is marked irritation of mucous membranes with increased secretion, and is especially called for when the tongue is narrow and pointed.

Kali mur. is a useful remedy in diarrhea characterized by pale yellow or clay colored stools.

Kali phos. is used with good results in diarrhea when the discharges are putrid and resemble rice water.

Natrium mur. has often been found a remedy of corrective power in diarrhea characterized by slimy and frothy stools.

Natrium phos. has proved a satisfactory medicament in many cases of diarrhea apparently dependent upon excessive acidity.

Dysentery.

In the cure of the ordinary forms of dysentery, such medicines must first be given as will cleanse the stomach and bowels, and astringe and restore their tone, but active cathartics should never be employed. To fulfill these indications there is no medicine so valuable as the neutralizing mixture [glyconda]; it has the *specific* effect which no other known agent possesses.

It is really a subject of astonishment to me that physicians, with this medicine, or the basis of it, before them, should neglect to use it, and substitute poisonous minerals in its place.—*Wooster Beach, M. D.*

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Louisville, Ky., in June, 1911. J. A. Munk, M.D., president; W. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1912. T. D. Adlerman, M.D., president; E. H. King, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. C. Lloyd, M.D., president; H. Harris, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. C. Griel, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M.D., secretary.

State Board of Medical Examiners.

Office of M. J. Lewi, M.D., Secretary,
1133 Broadway, New York.

May 22nd, 1911.

Dear Doctor:

A meeting of the State Board of Medical Examiners was rendered necessary for organization purposes by reason of the death of both Drs. Potter and Ely; respectively President and Vice-President of the Board. Accordingly such a meeting was called by authority of the Department of Education, through Dr. A. S. Downing, First Assistant Commissioner of Education, May 19th, 1911, at Albany, N. Y., and Dr. Glentworth Reeve Butler, Brooklyn, N. Y., was elected President and Dr. Henry B. Minton, Brooklyn, was elected Vice-President.

The Question Committee was reorganized as follows: Chairman, Dr. Lee H. Smith, Buffalo, N. Y.; Dr. Ralph H. Williams, Rochester, N. Y.; Dr. A. W. Booth, Elmira, N. Y.; Dr. Henry B. Minton, Brooklyn, N. Y.

In keeping with the action of the Board at its last annual meeting, it was Resolved that on and after January 1st, 1912, examinations groups in each topic shall consist of 12 questions (instead of 15 as heretofore), the first six of which must be answered by the candidate and from the remaining six the candidate is to answer four questions of his own choosing.

Yours very truly,

M. J. Lewi, M.D., Secretary.

Tennessee Eclectic Medical Society.

The Tennessee Eclectic Medical Society convene^d for its 32nd Annual Meeting in the Hermitage Hotel, Nashville's newest and

finest hostelery, on Tuesday morning, May 9, 1911, with President William N. Holmes in the chair.

About thirty-five were present, including Prof. John Uri Lloyd, Dr. W. M. Durham, of Atlanta, Ga., and Dr. Rudd, President of the Kentucky Society.

After the usual formal opening exercises Prof. Lloyd was given the floor and in his well-known pleasing informal manner spoke of the opportunities of the south. Then Dr. Durham for a few minutes urged closer and better organization of Eclectics and warned them to be on the watch for any harmful legislation which the old school seems to need for the protection of their aristocracy. Dr. Rudd when called upon appealed to the society for its aid and support in making those who attend the National in Louisville realize what southern hospitality means. The study for this meeting, Typhoid, Fever, was opened by Dr. W. H. Halbert, who gave its definition and history. After some discussion the meeting adjourned until afternoon while all present enjoyed a splendid luncheon at the hotel tendered by the Nashville members.

At the afternoon session the secretary reported that not a single member had been lost to the society the past year and two new members were then admitted. Dr. J. P. Harvill continued the study of Typhoid giving its Pathology, while Dr. M. M. Harvill gave the Etiology and Dr. Geo. M. Hite the modes of Infection. Each paper was discussed and then the society adjourned for the day.

The third session was started by Dr. Holmes, who aroused considerable enthusiasm when he delivered the president's annual address. At this juncture Prof. Lloyd could sit still and quiet no longer, but arose and gave what several doctors who had heard him lecture for four years declared was the best they had ever heard from him. After many stirring remarks prompted by Prof. Lloyd's talk, an organization known as the Tennessee Eclectic Medical Society Auxiliary was formed by and for the friends of Eclecticism with social and literary purposes in view. This society will meet annually at the time of the medical society meeting. Dr. Fisk resumed the study with a paper on the secondary lesions of Typhoid, in which he declared that by treating specifically very few cases have complications. The society adjourned until afternoon for their final session.

At the last session Dr. Holmes read an interesting paper on "The General Clinical History of Typhoid." The study was closed by Dr. Simmons who read an excellent paper on Treatment in which the patient with his variety of symptoms under different conditions was well taken care of as only a good Eclectic knows how. After a lively discussion the subject was closed and the election of officers taken up.

Dr. W. H. Halbert was elected president for the ensuing year and the society adjourned, after one of its best meetings, to meet the third Tuesday in May, 1912.

Medical Editors to Meet in Los Angeles, Cal.

The 42nd Annual Meeting of the American Medical Editors' Association will be held at the Alexandria Hotel, Los Angeles, Cal., on June 26th and 27th, under the Presidency of Dr. J. MacDonald, Jr., of New York, with the Annual Banquet on the evening of Monday, June 26th, at the above hotel.

Among the papers to be presented at this meeting are the following, all of which are of interest to medical editors, and all doctors who are journalistically interested are invited to attend this session: "Relation of the Medical Press to the Public Health and Marine Hospital Service," by Walter Wyman, Surgeon General; "The Advisability of Newspapers and Magazines Having Medical Editors on their Staff," by Edgar A. Vander Veer, M.D.; "Some Things I have Learned as a Western Medical Editor," by Edward C. Hill, M.D.; and many others.

The New Jersey State Meeting.

The New Jersey State Eclectic Medical Society held its 37th Annual meeting in Masonic Hall, Arcade W, 645 Broad Street, Newark, N. J., on May 24th, 1911. The attendance was not large, but was interesting and instructive. Few papers were read and discussed and general business with election of officers comprised the short session.

Dean S. A. Hardy, of the Eclectic Medical College of the City of New York, addressed the meeting and strongly urged the members to persevere in their efforts to send students to Eclectic Colleges, and at the close of his remarks presented their society with a scholarship to his college.

The following officers were elected: President, G. C. Young, Washington, N. J.; vice-president, P. R. George, Paterson; treasurer, M. E. Willis, Jersey City; secretary, G. E. Potter, 100 Halsey Street, Newark. Board of Censors: Drs. Anna Cross, G. H. Kitchen and G. W. Thompson.

On motion, a vote of thanks was extended to Dr. D. P. Borden, the retiring president, for his long and faithful services to the best interests of the society. The semi-annual meeting will be held in October next. Children may require coaxing and driving to attend school, but physicians should maintain their societies with deep interest and their dollars.

Hoping for a greater interest than ever.

Yours truly, G. E. Potter, M.D., Secretary.

Selections

Avena as a Stimulant.

Lydia Ross, M.D., says that a stimulant and nerve tonic of great value for the elderly is *avena sativa*, which may also be regarded as a general nerve food. It acts as a sedative and antispasmodic in condition of irritable atony, where depressing drugs are contra-indicated and a direct stimulant might increase the irritability. Normal tincture *avena* may be given in from one to ten drop doses, every two or five hours, in hot water for a rapid effect, or in cold water for a more extended influence, as Ellingwood *suggests*. It thus serves as a quick stimulant, and as a continued tonic with which to upbuild tissues. *Avena* might be called the vegetable phosphorous from its primary action upon nerve tissue, which also results in an induced current of influence upon all nutritional *processes*. It favorably affects nerve tremors; paralytic conditions are benefited, not by absorption of the clot so much as by bringing the damaged nerve cells up to their best functional possibilities. Dizziness from deficient cerebral circulation in the non-plethoric aged is a not uncommon symptom, and may result in serious falls. Moderate, long-continued doses of *avena*, three or four times a day, will often produce a more safe and satisfactory condition of things. *Avena* quickly relieves the dull, exhausted and sickening occipital headaches, which probably depend upon a passive congestion at the base of the brain, and imperfect circulation in the nerve centers. This remedy is active in overcoming the feeling of faintness and "all gone" sensation at the pit of the stomach.—*Medical Gleaner*.

Relief in Neuralgia and Girdle Pain.

The efficiency of antikamnia tablets in neuralgia is beyond dispute and is well illustrated by the following case: An old nurse who had suffered from severe neuralgia at intervals for many years and whose hair had become gray on one side of her head from this cause, expressed herself as having gained more relief from antikamnia tablets than from all of the many medicines which had been prescribed for her. For pain about the head from almost any cause, antikamnia tablets always have undoubted preference over all other remedies. They are a useful adjuvant in the treatment of migraine.

For the pain in cases of organic spinal disease, antikamnia and codeine tablets proved a great value. A woman of 52, with transverse myelitis (complete paraplegia) found these tablets reliable for

controlling the very annoying girdle pain. Two or three doses of two tablets each, within twenty-four hours, were sufficient to make the pain endurable. In another case, where there was the girdle sensation connected with its earlier history, and numbness and paræsthesia of the lower extremities existed, one antikamnia and codeine tablet was given three times a day, along with a regular potassium iodide treatment. The observation of this case was extended over 18 months and at no time has the progress been so satisfactory as during the last six weeks, in which she has taken antikamnia and codeine tablets regularly.

Dyspepsia.

BY S. B. MCDOWELL, M.D.

“While many of the causes of indigestion may be traceable to faulty secretion of gastric and intestinal fluids as well as general lack of tone in the muscular structure of the tract, still the great proportion of these cases comes from eating too fast. Even under the most favorable conditions, with the best of teeth, rapid mastication cannot properly divide and break up the food particles and bring about the necessary admixture of salivary secretion. Hand in hand with hurried feeding comes over-feeding, and these two evils soon bring about pathological conditions which inhibit or prevent normal processes of digestion and assimilation. Lumps of food taken into the stomach which cannot properly prepare them for the digestive processes of the intestine, act as mechanical irritants to the sensitive gastric membrane, while decomposition and accompanying fermentation tends to further congest the lining membrane and its glandular bodies. Restoration of the defective secretion is our first consideration, and to this end the treatment is directed toward active depletion of the congested membrane by antiseptic measures which encourage exosmosis, thus increasing capillary circulation and gland activity and at the same time guard against hyperacidity. This course combined with thorough mastication of food and regularity of meals will bring about a speedy relief in a manner that cannot be accomplished by artificial digestants. Self-made dyspeptics are cured by this common sense treatment and can eat anything they may choose. Prepare the stomach for the reception of the meal in the following manner: One hour before meals take Glyco-Thymoline pure, two to four drams; five minutes later drink a full glass of hot water. In conjunction with this, and it is most important, have your patient masticate each mouthful of food taken at least twenty times before swallowing.

“When the claim is made that this will cure any case of indi-

gestion, a fact is stated. The principle is a simple one." Glyco-Thymoline soothes the irritated membrane and through its physiological properties, produces a rapid reduction of existing engorgement by exosmosis, stimulates capillary circulation and restores normal gland secretion. The thick accumulations of mucus adhering to the gastric walls are dissolved and the full glass of hot water taken five minutes later serves to wash out any undissolved portions which pass off before the meal is eaten. This leaves the stomach properly cleansed and in a condition that readily allows the admixture of peptic secretion and ingested food. The frequent chewing of each mouthful of food taken is positively necessary as a large proportion of our food is starchy in character and requires complete mastication and admixture of the salivary secretion in order that the Ptyalin, its digestive principle, can come in contact with and transform each particle of starch into sugar ready for assimilation. This is a simple physiological method of aiding in the establishment of a normal condition, differing entirely from the usual method of using animal ferments to aid digestion, the ultimate result of which is to still further weaken the already partly atrophied digestive glands.

This treatment will improve and to a large extent overcome abnormal conditions such as constipation, sleeplessness, mental depression, etc., dependent upon indigestion.

An Improved Hydrated Magnesia.

An agent which undoubtedly deserves to be more widely employed than it is at present is magnesium oxide. While long held in high professional favor, many physicians in the past have refrained from prescribing it because of the many faulty preparations which found their way upon the market. Practitioners who have felt this restraint would do well to make a test of Milk of Magnesia, P. D. & Co., an improved hydrated magnesia which lacks the objectionable features of many similar preparations and which may be depended upon for uniform and certain results.

Milk of Magnesia, P. D. & Co., is a purely aqueous mixture, concentrated and active, each fluidounce representing about thirty-two grains of magnesium hydrate. It does not contain sodium sulphate. It is entirely stable under ordinary conditions, remaining unchanged indefinitely. The product is valuable as an antacid and gentle laxative in dyspepsia, sick-headache, gout and other complaints attended with hyperacidity and constipation; in diarrhea due to intestinal fermentation; in gastric disorders peculiar to children in which acidity of the primæ viæ is often a prominent feature; and

whenever gastric irritability and deranged function are present, as evidenced by nausea, gastralgia, eructation, pyrosis and other manifestations of hyperacidity. It is pleasant to take, being readily accepted by children and persons of fastidious taste.

The Treatment of Comedo.

Also known as blackheads and acne punctata. This trouble is often found as a concomitant of acne and is manifested by the appearance of small black points on a level with the skin, and sometimes as the central black dot of a slight, whitish elevation. As subjective symptoms are absent, the affection is one wholly cosmetic in character. It is a functional disturbance of the sebaceous glands, in which appears inspissated sebum. Blackheads are removed and prevented by keeping the face absolutely clean. Before retiring the face should be bathed with soft water as hot as can be borne, and this followed by an application of green soap. After the face is thus thoroughly cleaned a good cold cream should be applied and this removed in a little while with repeated applications until the skin is clear. The emollient absorbs all dirt and grime if the process be persisted in. In washing the face it is well to frequently sponge with bits of absorbent cotton dipped in alcohol or gasoline. This removes dirt and grimy matter of which one is so often unconscious of existing. If acne is present a tonic of iron, dilute sulphuric acid and sulphate of magnesia is highly serviceable.—*Summary.*

Registration of Births and Deaths.

In an opinion rendered to State Commissioner of Health Porter, Attorney-General Carmody of New York defines the powers and duties of local boards of health and the State Department of Health in enforcing the laws requiring prompt and complete reports of all births to be filed with the department each month. The law requires that physicians report births within thirty-six hours, and deaths within twenty-four hours after they occur, to the local board of health on a prescribed form, and gives the State Commissioner of Health authority to take charge of the local registration in any municipality where defects are known to exist in such registration, until satisfied that the local board of health will make the record and registry complete according to law. After commenting on the importance of complete vital statistics in any community, the Attorney-General concludes that where a local board of health neglects or refuses to make and enforce the ordinances as provided by the

public health law the State Department may mandamus such board, or after due notice may take control of the registration in any municipality, "and also that persons violating lawful health ordinances may be prosecuted under section 1740 of the Penal Code, and where a physician is found guilty of violating the public health law, or section 1740 of the Penal Code, he may be proceeded against under the provisions contained in section 170 of the public health law for the annulment of his registration and the revocation of his license to practise medicine in New York State."—*Record*.

Decision Against Osteopaths.—The Appellate Division of the Supreme Court in Brooklyn, N. Y., on May 12 affirmed the judgment of Justice Putnam in refusing to grant a mandamus to Charles S. Bandel, an osteopath, to compel the recognition by the Board of Health of a death certificate signed by an osteopath. It is possible that the case, which has excited much interest throughout the State, may now be carried to the Court of Appeals.—*Record*.

Euthansia Again.—Speaking in Boston on the subject of eugenics before a convention of Unitarian ministers, the Rev. George W. Cutter is said to have suggested the elimination of degenerates by the use of anethetics, on the plea that many of the inhabitants of State institutions would be better dead than alive. He also advocated the physical examination of applicants for marriage licenses, and the approval of boards of health before such licenses are issued.—*Record*.

Book Reviews

The Skull. Volume 1. The first year book of the Eclectic Medical College, Cincinnati, Ohio. Published by the Class of 1911 in their senior year.

This is a very interesting volume dedicated to John K. Scudder whose picture appears following the title page. The editorial staff was composed of Paul R. Tindall, as editor-in-chief, with Doctors Marple, Simons, Wilson, Nellans and Davidson as associate editors. In their greeting they announce that the book was gotten up and presented in the splendid form that it is in sixty days, and it certainly is quite a book.

Following these title pages and the greeting we find the names

of the officers and board of trustees, then a few pages containing the names and pictures of the members of the faculty. Then follows the history of the Alumni Association, by Lyman Watkins, M.D., and this history includes the meeting of 1910, at which the important matter of an endowment fund was started. The report reads as follows: "The fund was started at our last meeting in May, 1910, at which time over \$1,200 was raised in less than twenty minutes."

As a matter of history; for to us the starting of this endowment fund is perhaps as important and noteworthy as any event in the history of this alumni association, we desire to quote from the Eclectic Medical Journal, June, 1910:

"At our recent alumni meeting, addressed by that loyal and indefatigable worker for eclecticism, Doctor George W. Boskowitz, of New York, he generously started an endowment fund for the college with a subscription of \$100, in less than twenty minutes \$1,230 were raised." Worthy of note is the fact that this fund was started, not by a member of the association, but by an enthusiastic worker for the cause; the president of a sister institution. Then follows a historical sketch of the Eclectic Medical College, 1845-1911, by H. W. Felter, M.D.

The organization of the various classes with the pictures of the boys; the football and the base ball team, together with the class histories occupies an interesting chapter. The "Frats" then come in for their share; this is followed by a number of class room pictures of Seton Hospital, under the heading of "familiar scenes."

The book ends with "jokes and grinds" and a few pages of advertisements.

G. W. F.

1,000 Surgical Suggestions. By Walter M. Brickner, B.S., M.D., Adjunct Surgeon, Mount Sinai Hospital, Editor-in-Chief American Journal of Surgery, with the collaboration of James P. Warbasse, M.D., Harold Hays, M.D., Eli Moschcowitz, M.D., and Harold Neuhoof, M.D. 225 pages. Cloth bound, semi de luxe, \$1.00; full de luxe, leather, \$2.25. Surgery Publishing Company, 92 William Street, New York, U. S. A.

The Suggestions are so arranged and indexed that all subjects covered can be immediately referred to and the particular hint upon any particular subject immediately found. It bristles with pointed and useful suggestions which in many cases might just turn the scale from failure to success. Its mechanical presentation is a feature worthy of mention. It is square, cloth bound, stamped in gold, printed upon India tint paper with Cheltenham type with special marginal side headings in red. A dollar could not be better invested than in the purchase of this book.

Merck's Manual of the Materia Medica. (Fourth Edition.) A ready reference pocket book for the physician and surgeon. Containing a comprehensive list of chemicals and drugs—not confined to “Merck’s”—with their synonyms, solubilities, physiological effects, therapeutic uses, doses, incompatibles, antidotes, etc.; a table of Therapeutic Indications, with interspersed paragraphs on Bedside Diagnosis, and a collection of Prescription Formulas, beginning under the indication “Abortion” and ending with “Yellow Fever”; a Classification of Medicaments; and Miscellany, comprising Poisoning and Its Treatment; and an extensive Dose Table; a chapter on Urinalysis, and various tables, etc. (Merck & Co., 45 Park Place, New York. 1911. 493 pages. Sent on receipt of forwarding charges of 10 cents, in stamps, to physicians, or to students enrolled in any College of Medicine, in the United States.)

Items

Gift to New England Eclecticism.

At the opening session* of the second day of the 17th yearly meeting of the New England Eclectic Medical Association, Allyn House, Hartford, Conn., Tuesday and Wednesday, May 9th and 10th, 1911, the Eclectic Medical College of the City of New York, by its special delegate, President George Washington Boskowitz, A.M., M.D., presented the association with a free scholarship, to be known as the New England Eclectic Medical Association's Perpetual Free Scholarship in the Eclectic Medical College of the City of New York, which generous gift, as unexpected as unsought, was appreciatively accepted.

This “scholarship,” which is for such properly prepared residents of New England as the association recommends, should greatly stimulate Northeastern Eclecticism.

Frederick Wallace Abbott, M.D.,

Secretary N. E. E. M. A.

“Papa” seems to have quite recovered, looked well, and enjoyed every part of the exercises on May 17th.

Over thirty classes answered to the roll call at alumni. Not so bad.

Doctor George Allen Rowe has removed to 110 North Pearl Street, Buffalo, N. Y.

W. S. Glenn, a junior in the Eclectic Medical College of the City of New York, passed the Tennessee State Board examination last month with an average per cent. of over 90.

Three cheers for Royal Fellow Glenn!

Doctor Boskowitz has removed to 242 West 73rd Street.

It was a busy day, May 17th, but brim full of pleasure.

An additional \$500 from our "Angel." Bless him.

A well known traveler speaking the other day about places he visited remarked "but nothing can compare with the beautiful scenery you encounter on the Chesapeake & Ohio Railroad on the way to Louisville, it is almost impossible to describe it, you must see it to fully know its magnificence, and as to comfort and safety what can be better than their new all steel cars, with their excellent dining service. Take the hint, boys, when you go to Louisville, go by the Chesapeake & Ohio Railroad; nothing like it."

We all missed Secretary Hinds. It did not seem like Alumni Day. For thirty years she has called the roll of classes on this day. Mr. Hinds' report of her improvement was loudly cheered.

A Nerve Pacifier.

Any remedy that lightens the burden of women during the menopause, is much to be esteemed. Such a remedy is neurilla, the action of which is that of a nerve equilizer or pacifier in all conditions of nervous unrest, whether it be in the convulsion of children or the chronic restlessness of older people. In all such conditions it may be considered as well nigh a specific.—*Massachusetts Medical Journal*.

Is there an ideal Sanatorium right near New York? Why, certainly, the Riverlawn Sanatorium is all that you can ask for, an ideal beautiful place, modern and up to date in every way, and in charge of a very good man. Send your cases there and you will not regret it.

"Uncle Sam" and our "Chesterfield" are now trustees of the college.

The Alumni enjoyed Dr. Jones' talk on Definite Medication.

Professor G. C. Young, of Washington, N. J., seemed to enjoy the meeting and everyone enjoyed his speech. He is one of the old guard.

Dr. John Perrins, of Massachusetts, surprised us with an interesting clinic.

The prize winners looked so happy—their smiles were contagious.

The Declension of Bodily Vigor.

In the declension of bodily vigor, before instituting measures whose object is to overcome the decline, the chief aim should be to determine with exactness the cause. In the large majority of cases, the cause ascertained, the need for a reconstructive will be plain. The blood will be found to be in need of corpuscular elements, the tissues in general will be in need of a serviceable nutrient. Cod liver oil in the form of a palatable and easily assimilated cordial, such as Cord. Ext. Ol. Morrhuæ Comp. (Hagee), will meet the every requirement of a patient showing evidences of bodily decline. Not alone do the nutritious qualities of Cord. Ext. Ol. Morrhuæ Comp. (Hagee) give it pre-eminent value, but its palatability and the ease of its digestion augment in a considerable degree its therapeutic worth.

The ladies certainly served us with an elegant luncheon; everyone enjoyed it.

Dr. Pitts Edwin Howes made himself very scarce on Alumni Day. His duty over—and he was gone.

Our Italian Surgeon General returned from Italy just in time to enjoy the festivities.

It looked natural to see (Pulitzer) Shultz and "little Berny." Shultz has missed but one Alumni meeting since graduation.

Our Chaplain seemed to enjoy the Beachonian exercises. His genial presence is an ornament to any gathering.

And now for the National!

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. XIV.

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No. VII.

Honors for Dr. Alperin.

It is with great pleasure that we announce that Doctor David Alperin, one of the directors of our college laboratory for research work on nucleoproteid metabolism, particularly on the uricolytic properties of certain animal tissue-extracts, with a contribution to the methods of preparation and use of the uricolytic ferment as a rational therapeutic measure for the treatment of certain pathologic conditions of the so-called "uric acid" diathesis, has received the degree of Ph.D. from Columbia University.

His work was completed in the laboratory of physiological and pathological chemistry under the faculty of pure science of Columbia University.

Medical Authority in America.

Medical authority has never been able to breathe unrestrictedly and without extreme dyspnoea except when bolstered up and supported by proscriptive medical laws. It, though aged and hoary, has never been able to stand upon its own feet unsupported by government. It has ever emitted the one monotonous cry for protection. The cry always ends in a misleading whine for the welfare of the *people*.

In the early days in America, even before the Revolution, Massachusetts, at the behest of allopathy, forbade any one to administer a medicine which was not approved by authority. New Jersey had a similar law; and the history of this early period of the nineteenth century shows that medical authority was guilty of the grossest usurpation of the common rights of mankind, and of persecution as vindictive and merciless as that which Established Religion showed toward dissenters. This state of affairs continued until the people saw the injustice of it all, and had come to realize the animus behind the restrictive movement. They also began to awaken to the fact that the treatment prescribed by the law was not as benign as they were led to believe; then followed a change and the opponents of the dominant school with its mediæval dogma succeeded in so modifying the law that authority was left unsupported. Then, having gained the battle for medical freedom, the people, lulled into a sense of security by the fact that they had put handcuffs on the enemy, fell asleep again. They failed to take into account the devilish ingenuity of medical authority. It was not long, therefore, until the enemy, ever alert and active for

its own aggrandizement, and monomaniac in its desire for power, had again gained the ascendancy and took up its old trade of persecuting those who differed with it in opinion.

Medical legislation again became rife and laws were enacted, ostensibly to regulate the practice of medicine in the interests of the people, but in reality to foster and protect the dominant school from rival and competing practitioners. Medical authority sought to have its loyal defenders elected to legislatures for the sole purpose of procuring such measures as would protect its incompetency at all hazards; and at the same time destroy all opposing practice. As time passed, authority redoubled its efforts to obtain advantage, and as a result of such activity laws were enacted in the different States as drastic as were those providing for the discovery and punishment of witches. "From Maine to Georgia, medical proscription was the order of the day; and 'Black Laws' were enacted in almost utter disregard of the common rights of human beings. Obligations and contracts with proscribed physicians were set aside, and the stigma of criminality was branded upon them. Medical authority was given all the paraphernalia of the repudiated priesthood. Legislation was enforced in the same spirit of malice and cupidity which inspired its enactment." It was said by a veteran physician: "Collect all the facts you may and still you will be unable to give but a tithe of the malicious prosecutions and imprisonment these early pioneers had to suffer in consequence of their faith and practice."

In 1827 New York enacted the following law: "Any person who shall practice physic or surgery, not being duly authorized by law, shall be deemed guilty of a misdemeanor punishable by fine or imprisonment, or both, in the discretion of the court by which he shall be convicted."

In a report by a Select Committee of the New York Assembly of 1830 it said: "The only law which we can find bearing any resemblance to the above clause, is a statute of Virginia by which *any slave, free negro, or mulatto is forbidden to administer medicine on pain of death. Provided, etc., etc.* * * * So that our free white male citizens, learned and unlearned, are treated with greater severity by our statutes than are the free negroes or even the slaves of Virginia, by the laws of that state."

About one hundred years later we find much the same law in every state and we who proclaim liberty and freedom have meekly bowed our noddles while legislation was going on. By a promise that we might have a peep at allopathy's sore toe, if we would be good little boys and let them legislate a little, we tumbled over and went to sleep dreaming of the honor that was to be ours when we got a peep at that great toe. We are getting it.

But, going back to the earlier times, Dr. Wilder in "History of

Medicine" says: "The same spirit and disposition which had inspired the application for such a statute was fully exemplified in its enforcement. The Medical Inquisition was established, and Reformed physicians were outlawed and placed at its mercy. Every medical society in the state became virtually a police station, to which resorted spies and informers to communicate evidence for prosecution. Immediately began the hunt and the havoc. Many practitioners were arrested and fined. Many were fined and imprisoned for two months. In this war of medicine, medical skill was of no account."

Tiring of such persecutions, the Reform forces concluded to act. They bethought themselves of concerted action. Under the leadership and advice of Dr. Elisha Smith, the New York Botanic Medical Association was organized. Likewise under the leadership of Dr. Wooster Beach the Reformed Medical Society of the United States was organized. Thus were the nuclei formed for the successful opposition to authority and the ultimate repeal of the obnoxious laws.

Organization became the watchword of the early reformers, and if we expect to maintain our independence in the future, organization must still remain our watchword; for only by a united opposition may we hope to preserve our liberty and save our professional life; for medical authority today is just as active to secure legislation favorable only to itself and oppressive to every method of practice not emanating from itself.

Let us bind the bonds of association more securely, and, standing shoulder to shoulder in the defense of Right and Reason, we are bound to win as the fathers did before us. Stephens.

Hints and Winnowings.

The danger attending the custom of giving powerful drugs to uneducated laymen, with no further directions than to take a certain number of drops of the preparation at certain intervals, has frequently been pointed out in these pages. The custom presents so many sources of danger that it should be avoided whenever possible. If it becomes absolutely necessary, however, to prescribe in this manner, we cannot be too explicit in our directions to the person receiving the drug, or in the directions given in a prescription to be sent to a druggist. One of the dangers to which attention has heretofore been called is the possibility of the dose being unsafely increased in case the patient does not receive the expected relief from the use of the medicament as promptly as he thinks he ought to. A fatality resulting from an increase in dosage which occurred a few days since in a neighboring city well illustrates this important point. A man consulted a physician in regard to a pain from which he was severely suffering, and was given a prescription calling for two drachms of chlorodyne, to be taken in doses of

thirty drops at certain intervals. Having taken a few doses of the medicine without receiving the desired relief, the patient decided to swallow the remaining contents of the vial. Soon after committing this rash act the man became unconscious and was taken to the nearest hospital, where his stomach was washed out and antidotes persistently administered, but he died on the evening of the same day. It seems possible that people might be taught to take medicine precisely as directed and on no account to increase the dose without the doctor's orders. The present drug store customs in regard to poisonous drugs should be greatly improved. Under present conditions, however, it is unwise to allow an unsafe quantity of a powerful drug to pass into the possession of a layman.

In a full-page illustration the *National Geographic Magazine* recently gave a front view of the head of the common house fly, and it constitutes a very formidable looking object. Two large areas studded with thousands of facets, or lenses, are shown as its compound eyes, and its three simple eyes in the middle of the top of its head are very prominently shown. As is well known this troublesome insect can see in all directions. Its antennæ or feelers are shown in this greatly enlarged photograph as two large pendant organs, and they look as if they were covered with peacock feathers. This unwelcome annual visitor is now swarming about us, and it therefore becomes our duty to again urge upon our patrons the fact that its presence is a menace to the health and life of everyone whose home it is permitted to inhabit. The instances are numerous in which serious and fatal diseases have been directly traced to the action of the house fly. These detestable creatures, who are always eating or drinking, wander upon decaying garbage, refuse and other filth in search of food, and their tiny feet, wings and bodies are usually covered with millions of disease germs. When meals are being prepared, or at the table, they walk over the food, leaving numerous germs upon victuals which soon enter the human body. The summer complaint of children, typhoid fever and tuberculosis are among the diseases caused by these bacteria carriers. It is conservatively estimated that the fly caused five-sevenths of the infant deaths in this city last summer. By establishing in the minds of our patients the fact that flies breed only in the presence of filth we may do much toward keeping their homes and surroundings free from decaying substances. A reliable fly poison may be made by dissolving one drachm of bichromate of potassium and a little sugar in two ounces of water. This solution kept in shallow dishes in different parts of the house will do much toward lessening the fly nuisance.

The most progressive and successful physicians of the present day regard alcoholic stimulants in a light which fully accords with

the frequently repeated statement of our late Prof. Andrew Jackson Howe. In speaking of the belief among people that whisky, rum and other alcoholic stimulants, possess the power to "keep out the cold" and to exercise a cooling effect upon those suffering from heat, Dr. Howe in substance said that the delusion ought to be wiped out by physicians, who know that an intoxicated man is in danger of freezing in cold weather, and that alcoholic drinks are dangerous in hot weather. Alcohol is an anæsthetic, benumbing an acutely nervous state, and thus blunts the sensibility of persons suffering from cold. The stupor, however, does not add to the powers of endurance when the degree of cold is dangerous. Alcohol increases the respiratory force for a short time, but it must not be trusted to a considerable extent when prolonged exposure has to be encountered. It is possible that it might help to sustain life for a short time in extreme cases, but it must be taken sparingly. A toper may trudge along fairly well in cool weather during the summer, but when a hot spell comes, he goes down staggeringly; he loses appetite, strength and courage, and soon succumbs. The feeble ask for wine to strengthen them, but the gain is only for a few minutes, and the reaction results in actual loss. The physician should be on his guard against granting any kind of consent to the use of alcoholic stimulants. Even beer drinking is unsanitary and very frequently causes serious wrongs of the kidneys.

The arsenic preparation known as 606, salvarsan, arsenobenzol, and several other names, put forth as a specific for syphilis, is not a remedy suitable for use by the general practitioner of medicine. The preparation has received careful investigation and been fully discussed by the medical press. All of the leading journals warn physicians against its many dangerous effects. The extreme pain following its injection may continue for several days, and gangrene has so often followed its subcutaneous injection that many writers now advise intravenous injection. The febrile reaction is marked, and there is great danger of serious results in cases presenting even slight wrongs of the heart or kidneys. The claim that one injection will cure syphilis has been proven to have no foundation in fact. The real value of this much heralded arsenic compound is for future demonstration. It is very difficult to prepare and should be attempted only by the skillful and experienced. The thoughtful physician will be very sure that it is absolutely necessary before injecting into the human body such large doses of organic arsenic as are advised by its advocates.

When infants are given sufficient quantity of water they can be safely deprived of food for a considerable length of time. In nearly all cases we need not hesitate to depend entirely upon water for twenty-four hours, and in some cases the period may be pro-

longed to forty-eight hours. A few cases have been reported in which great benefit was derived from withholding food for even seventy-two hours. The greater number of infants can well bear a withdrawal of food for a considerable time, but they soon show the disastrous effect of an insufficient supply of water. They must be given at least as much water in the twenty-four hours as they usually get in their food, and it is often well for the physician to specify the amount of water to be given in the same way that he specifies the number of doses of medicine to be administered. The water replaces the loss in the discharges, aids the heart by keeping the amount of circulating fluid at its proper level, favors the elimination of toxic substances through the kidneys, and diminishes the irritant action of such substances on the kidneys.

That China is a continuous menace to the health of the world has long since been demonstrated beyond peradventure. Every ship that sails from a Chinese port is a possible carrier of cholera, bubonic plague and even leprosy. Dr. M. R. Edwards, the head of a medical school now being established in Shanghai, in speaking of health conditions in that great country, says:

"China has all the diseases of America and Europe and many others. Against them it has no adequate medical protection. The whole state of affairs is a world menace. Three years ago, bubonic plague was brought to our Pacific coast by ships from China; last winter Asiatic cholera was carried to Hawaii, and now a Chinese disease that is little understood is epidemic on the western coast of the United States."

Although true, it is difficult to believe that there are doctors who still know no better than to frighten boys and girls into neurasthenia, hysteria, melancholia or moral degeneration by repeating to them the substance of "lost manhood" quack literature. Such doctors should read the works of Havelock Ellis, exercise a little common sense, tell their young patients the plain truth, including the fact that illicit conduct of men and women is sure to result in disease, and right there let the whole subject end. The prevailing tendency to spin sex knowledge out to the young is sure to do more harm than good. Very few persons are capable of imparting such knowledge without unintentionally making undesirable suggestions.

In infective diarrhoea the chief symptoms are due to the absorption of toxins in the food or those produced in the alimentary canal by bacterial decomposition. Hot weather is one of the most apparent factors in the prevalence of the disease. An epidemic of the affection seldom begins until the mean temperature of the atmosphere is 60 to 61° F., and remains for from four to eight days. The progress and mortality of an epidemic of this character do not seem to be markedly influenced by either the rainfall or the humidity of the atmosphere.

J. W. F.

The Louisville Meeting.

President Munk is to be congratulated upon the success of this meeting. A large amount of business was transacted with order and dispatch; the section work was full of interesting papers, and many good discussions. The meeting room was large and airy, and the Kentucky eclectics provided plenty of entertainment, so that this 1911 meeting can be recorded as a most profitable and harmonious one.

The adoption of the report of the revision committee was without doubt the most important event that happened at this meeting. Whether the changes recommended will really be beneficial and will facilitate the transaction of business cannot be foretold. Great confidence was displayed in the judgment of the committee, and this important report was adopted almost without discussion.

Another important matter involving the expenditure of a thousand dollars passed without a comment. It was the appointment of five organizers at a salary not to exceed two hundred dollars each; to be appointed by the President. The thought was suggested in the Secretary's report, and the Advisory Committee recommended it by resolution. It passed without a dissenting vote. Washington was selected as the next place of meeting and the following officers elected:

President, Dr. A. F. Stephens, St. Louis; first vice-president, Dr. J. T. Fuller; second vice-president, Dr. Thos. Owings; third vice-president, Dr. N. S. Glenn; treasurer, Dr. E. G. Sharp; recording secretary, Dr. W. P. Best; corresponding secretary, Dr. W. N. Mundy.

Quinine Without Ebriety.

When two such well-known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the special classes of affections which call for their use. Antikamnia is unquestionably a perfect substitute for morphine for internal administration. It has complete control over pain, while it is free from the undesirable after-effects of the alkaloid of opium. In cases of malarial fever the combination of antikamnia and quinine should be given. For all malarial conditions, quinine is the best remedy we have. But, associated with this condition, there is always more or less pain, and antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All such conditions are greatly benefited by the use of "Antikamnia and Quinine Tablets." The antikamnia in these tablets not only relieves the pain, but prevents the ebriety or ringing sensation produced when quinine is administered alone. In headache (hemicrania), in the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of these tablets is indicated.—*Medical and Surgical News.*

Original Articles

LIFE—ITS CREATION AND MAINTENANCE.

PART TWO.

BY MAX MEYER, M.D.

Read at the 1911 Meeting of the Eclectic Medical Society of the State of New York.

In a recent paper I have attempted to show the creation of life from inorganic atoms and, in consequence thereof, the formation of living molecules. In this paper I shall try to go a step further and give an account of the formation and assemblage of molecules to masses, i. e., organs.

Throughout the universe, nature works after one and only one mode, from which it deviates, if certain necessities force it to do so. In the creation of the animal kingdom it has chosen in all primitive cells, which were fit for copulation, the system of "blastodermic leaflets," and after this mode everything is formed, which can be made from two spermatocytic cells (a male and a female), and only when another force acts a deviation from the rule takes place.

This other force is the evanescence of "formation atoms." (Under atoms of the cell, we understand, in distinction from chemical atoms—elements—the smallest, not more divisible constituents of organized matter; hence according to chemistry, the atoms of organized matter are in fact complicated chemical molecules, but, for the want of another word, we had to choose this expression; also the term "molecule" has another meaning in the following as in chemistry.)

In the creation of lower animal forms the material has vanished immediately after the appearance of the two primitive blastodermic leaflets, hence the development of a higher creature had to cease at this stage.

During the formation period we find then, that the species used up their material and developed into a certain and definite kind; only those with "reserve molecules" were able to form a new kind.

A budding, as it were, from the lower organism, due to reserve molecules, took place, and undoubtedly periods must have existed where only protozoæ have lived, another where these and higher organized animals propagated, and so on, till all creatures were finally completed, i. e., all reserve molecules were used up.

The primitive cells of the ape could never form a man, and at a time the earth did not contain human beings, but only apes and the lower animals. The reserve molecules in the apes had vanished, consequently they had to remain up to to-day what they were, namely apes. But in those apes, in which reserve molecules were contained, a development to a higher type, namely, to man, took place reaching the present stage.

The first generation, which developed from the primitive cells, contained both parents—in the nucleus, the father; in the cellwall, the mother. The nucleus-atoms are alike; so are those of the cellwall, but between both a difference exists, neither of them can live by itself, and even in monocellular animals we see that the functions of one kind of atoms depend upon the other opposite one.

We know the law of nature has implanted into every living being an instinct of eternal existence, and, in consequence, has given the complex organic matter of the cell the power of propagation.

In the nucleus as well as in the cellwall exists the power to cast off one atom, and both atoms fertilize each other, forming a molecule, which consists of a new nucleus and cellwall, resembling exactly the mothercell. Those animals of the first generation, which did not have spermatocytic filaments in the nucleus or attraction for a similar cell of the second degree, or an uneven valence in atoms, remained in the first stage and formed monocellular organisms, in which, up to eternity, the nucleus must represent the father and the cellwall the mother.

We find that the atoms of the nucleus and cellwall are unable to exist by themselves because they are not identical with each other; they lost during the initial period of creation their freedom, hence the food material of the monocellular animal must be of such a degree, that wall and nucleus

partakes mutually in the chemical conversion, i. e., the wall absorbs the raw material and produces from it a finer substance, which is now fit to be taken up by the nucleus.

Every monocellular organism propagates as many offsprings as it has molecules and every atom of the cellwall possesses only so much force as is necessary to attract one atom of the nucleus and vice versa. These atoms have no affinity to the outside. Every molecule of the monocellular organism has the inherent power to produce a definite amount of molecules whose entity forms the definite cell. When this number of molecules is reached, the growth ceases and the animal commences to propagate in case it has completely mature molecules.

We find different conditions in the multicellular organism. Here the biochemical or force of attraction plays the main part and the ratio of strength is higher than in the monocellular animal. The phenomena of propagation and life show positively that the atoms of the organic material have similar affinities as those of the chemical elements, hence we can speak of organic atoms of one and more valence. Among the monovalent atoms we have such which possess a positive, and others a negative power of attraction (analogous to acids and bases). The multivalent atoms have at least two affinities of which one must be positive and the other negative. The organic material, having already a definite chemical constitution, cannot possess some times one, and other times two affinities, hence we conclude that the bivalent atom of the primitive cell in the multicellular organism is a molecule containing two simple atoms, of which one has a positive, the other a negative affinity, consequently such a primitive cell-atom is composed of father and mother and represents a generation. These relative atoms are condensed in the non-fertilized condition which can become active by the power of generation, in a similar way as we see in the inactive oxygen, which can be set free by electricity, whereby it loosens and splits up into atoms.

If we suppose that the atoms of the monocellular animal have the shape of a half-sphere and a multicellular animal the fourth part of a sphere, it is evident that in the monocellular animal the maternal atom (cellwall) has the opposite power of attraction as the paternal atom (nucleus), i. e., one must be positive, the other negative.

As the atoms in the monocellular animal have only one positive and one negative affinity, it follows that no difference exists in the arrangement of the affinities in the monovalent atoms, hence a positive half-sphere can directly attract a negative one.

In the multivalent element with multivalent atoms the affinities must be differently arranged so that, at the first impact of the primitive cell atoms, a paternal and a maternal monovalent atom unite with each other, and the result is a complete molecule, and as they have used up their entire power of attraction, they could not further on fertilize other molecules, hence they formed a monocellular animal, which, after maturing, could propagate as a monocellular animal only.

In the multicellular atoms one affinity each has attracted and united; the others remained open, hence as long as not all affinities in the molecule were saturated it was not ripe and consequently not able to form by itself a self-existing cell.

In the paternal molecule the state of position after the first fertilization remained the same, i. e., the positive affinity did not change, but in the maternal molecule a shifting of the affinities took place, viz., the positive affinities became negative and vice versa. It follows, that a paternal molecule could fertilize a maternal one on account of the open positive affinity of the molecule with the open affinity of the opposite one.

Fertilization is impossible among equal molecules of the same class, because the same affinities face each other, hence the free affinities must repel and only, if such with an opposite character are present, fertilization can take place. After a paternal and a maternal molecule have united to a double molecule, all the affinities are saturated and the amplified molecule is then able to form a cell. Naturally, a molecule, which is composed of 8 affinities and 4 atoms, must be stronger than a molecule which has been formed of 2 monovalent atoms, hence we will term the former "molecules of the first degree," and the latter "of the second degree," viz., the multi-atomic molecule forms a cell of the first degree, and the diatomic molecule a cell of the second degree.

The cell of the first degree is able to live in a multicellular organism to form a part of the whole, while the cell of the second degree can only live by itself. In the multicellular organism one cell cannot live without the other, in the monocellular body each cell is dependent upon itself and has to perform all life functions by itself.

The same happens during reproduction. The monocellular animal has only to propagate one generation, hence it is sufficient if a cellwall-atom fertilizes a cellnucleus-atom. Have these two atoms united to a molecule, at once an offspring, i.e., a monocellular animal results. The multicellular animal has to propagate two generations, viz., wall and nucleus of the maternal original cells. Each cell of the multicellular organism must cast off one atom each of its wall and nucleus, which unite by one affinity of a simple molecule, but this it is not able to do under normal conditions, and in consequence thereof the half-molecules are temporarily deposited in separate receptacles, which we call "spermatic cells," to await further development. While the organic cells of the multicellular organism contain each equivalent molecules, the spermatic cell, on the other hand, is composed of heterovalent molecules, so that no molecule in the spermatic cells is equivalent to each other. Let us suppose that a 10-cell animal exists in a star shape. Each of these 10 cells must furnish a molecule for propagation, but, as it is unable to do so, and also as such a new-formed molecule cannot exist per se, it is stored up in an extra receptacle to await further development. The cell, situated at the point of the star, deposits its future molecule in such a place of the receptacle which is nearest its own locality. The cell, which lays before this, deposits its molecule before that point and so on, hence the spermatic molecule acquires exactly the same shape as the 10-cell animal, and this remains so whether the animal has hundreds or millions of cells. Each spermatic cell contains exactly as much simple molecules as the organism contains cells, consequently the spermatic cell represents the primary unfertilized cell of the first degree. Each molecule of the spermatic cell occupies a certain space (hence the characteristic shape of the spermatozoon), and possesses a definite chemical and physical property, so that this molecule—after fertilization of the proper molecule of the opposite sex—can form a definite cell. In all vertebræ the spermatozoon appears in the shape of the spinal cord, because it is the form-giving organ of the whole body, while the extremities are appositional organs only, without which the animal may well exist. If the animal possesses in the spermatozoon these groups of molecules, the future animal will have extremities; on the contrary, the animal remains forever without such (snail, eel, snake, etc.).

All molecules of the appositional organs are heaped together in separate cellgroups and are not created with a torso, but this develops in a later period. (The question may arise, if the epidermal scales, the nails, the hairs, etc., are represented in the spermatic cell by a molecule. The answer to this is: We understand by the term "cell" anything which stands in close connection with the organism and possesses blood vessels and nerves, or with other words, a cell must bleed and be sensitive, otherwise it is not a living cell, but only a secretion. Each cell has a specific function to perform, as e.g., the muscle-cell contracts, the retina-cell perceives light, the epidermis-cell secretes scales, hairs, nails, the synovial-cell furnishes synovial fluid, etc. As the latter cannot be called a cell, so the haircell or the epidermal scales are no cells, hence "no sensibility—no cell.")

First, we see the spinal column and spinal cord develop, then the blood-circulation, and after this the extremities. During extra-uterine life some of these reserve cellgroups develop afterwards, as e.g., the maturing of the mammæ, and the organs of generation. Up to maturity the organism is not fit to cause an activity of the reserve cells, consequently they remain passive till the proper time arrives. When pregnancy sets in, these reserve cells in the mammæ and reproductive organs develop, while otherwise the reserve molecules, remaining in cellgroups, are passive and await their further destination. The male organism needs neither mammæ nor uterus, though these molecules are present and cannot be lost; they lay united in cellgroups and do not develop further, but they give up their atoms to the future molecule of the spermatic cell, and we find them represented completely in the embryo. What happened in a short time to the molecules of the spermatic cell, took place in the primitive cells during millions of years, but without changing the organism materially, because its sper-

matic cells have remained the same, as neither form nor molecular number has been altered.

With other words: The *Ontogeny of a certain animal specie is a short recapitulation of its own †Phylogeny, hence one kind has nothing in common with another, because every single animal specie has developed from two characteristic primitive cells. Nature knows one mode only, hence all animal species are formed after one and the same plan. Shape, size and other characteristics of the terrestrial creatures depend upon the united number of reserve molecules of particular cellgroups, as also upon the locality where the primitive spermatozoon is situated. The final creature, which could not become anything else, had to appear after these reserve molecules were used up.

We have to distinguish two species of reservemolecules, viz.:

(1) Such which were used gradually during the phylogenetic period according to need.

(2) Such which came to development according to want during the ontogenetic period.

To the first specie belong all those reservemolecules united in cellgroups, which form the union of an absolute male and an absolute female primitive cell, which has remained as a surplus; thus a spermatic filament has been formed by a definite amount of bivalent male and female atoms having already all cellwalls and all cellnuclei of the future half-embryo. This mixed, relatively male resp. female, filament contains more atoms than is necessary, hence these atoms remain in the reserve and are used up during the phylogenetic period according to need. The phylogenetic stem, being now complete, shows evidently, that the finished organism does not contain any reservemolecules of the first degree. To the second kind belong all those reservemolecules which are united in cellgroups and some which are superfluous, produced by the union of a relative male and a relative female spermatic filament. The first kind formed rudimentary organs during Phylogeny, and the second kind produced equivalent organs during Ontogeny.

In the embryo must be represented the father as well as the mother, because nature does not and cannot destroy anything; but the organs of both parents cannot be useful at the same time in the household of the organism, hence only one part of the parental organs are developed and the other one remains in a low undeveloped stage, changing only when a favorable occasion presents itself. What we have so far called "rudimentary organs" are nothing else but ontogenetic reserveorgans, which can retransform at a certain time and by a certain impetus into mainorgans and vice versa, hence "rudimentary organs do not exist."

If it is true, that both parents are represented in the embryo, then we must be able to demonstrate it and in the following we will try to do so.

Nobody will deny that the spermatic cell is the representative of the phylogenetic cell from which a certain animal specie develops. We see that the spermatozoon of the mammalia are either small or large with an elliptical, pearshaped or cylindrical head; that those of birds and sharks are in the form of corkscrews; those of insects are hairlike; again those of the myriapodes are motionless and at the same time deviate from the threadform. Why this difference in shape, size and form? Because the male spermatozoon is the cerebro-spinal cord of the animal and the ovum the rolled-up female spermatozoon.

If we dissect the cerebro-spinal cord from its bony envelope, we will find.

- (1) a pearshaped head which tapers and projects forward,
- (2) immediately behind this is a constriction,
- (3) following this is a middlepiece (cerebellum),
- (4) then further we see a long tapering, daggerlike strip, (medulla oblongata and filum terminale).

If we place a spermatozoon under the microscope, we see:

* ONTOGENY.—The history of the individual development of an organism.
The history of the evolution of the germ.

† PHYLOGENY.—The history of the genealogical development.
The race history of an animal type.

- (1) a pearshaped head, whose tapering end projects forward;
- (2) behind this a constriction;
- (3) following the constriction, we find an enlargement (the middle or neckpiece);
- (4) from the middlepiece tapers gradually a tail, the cilia;
- (5) in the protoplasmic substance of the middlepiece and tail we find several fibres imbedded, which are composed of many fibrillæ and these blend together at the end of the tail.

If we project, by means of the projection lantern, the spermatozoon upon the cerebro-spinal cord or vice versa, either the specimens or their photographs, we will find to our greatest astonishment that both are completely congruent, hence we will be unable to distinguish which is the spermatozoon and which is the cerebro-spinal cord.

In fact the cerebro-spinal cord is nothing else but the enlarged spermatozoon and vice versa, viz., the size of the spermatozoon being 0,05 mm. and the cerebro-spinal cord 0,75 m., i. e. the ratio is 1: 15000.

We need not to say that this is not alone the fact in human beings, but in all animals, hence "in the entire animal kingdom the spermatozoon represents the cerebro-spinal cord and is the form-giving frame of the organism." If we except it to be also true, that the nucleus of the ovum is a rolled-up spermatozoon (the male spermatozoon develops likewise from a round cell) we can conclude, that every animal develops from two distinct spermatic filaments which are characteristic for this animal species.

Many millions of years ago the spermatic filament must have been present as cell during the first copulation and every spermatic filament must have had a definite characteristic stamp by which the animal acquired a certain shape, size and form, hence it is evident that the organic world did not develop from a single or a few primitive cells, but from twice as many primitive cells as animal species exist at present.

If both parents are represented in the embryo, we must be able to demonstrate them with scalpel and microscope. (Thus we find Table II.)

Main Organs and Rudimentary Organs.

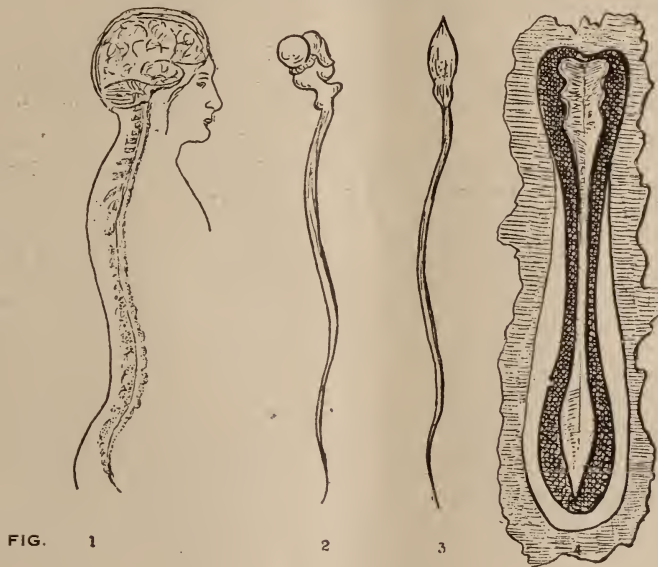
The former are derived from the male, the latter from the female sperm. When the offspring is of male sex, the mainorgans resemble the father, the rudimentary organs those of the mother and vice versa.

If it is granted that the embryo has been formed by two spermatic filaments, i. e. the maternal nucleus and the paternal spermatozoon, then the embryo must have two cerebro-spinal cords, two blood circulations etc., but we find only one blood circulation with the heart as main organ, and one nervous system with the brain as main organ, etc. Where are these apparently missing organs? Phylogeny does not know one blood circulation, one nervous system, etc., but two of each, because the embryo is composed of two equal spermatic filaments (paternal and maternal). Of the paternal filament the cerebro-spinal cord is used and the heart developed from the material nucleus, hence the paternal heart and the maternal brain were superfluous; however, they are contained in the embryo, but in an undeveloped state.

In order to prove this, we will take the brain and cord out of the bony structure and dissect it from above downwards till we open the third ventricle. Here we meet the Pineal gland, which is situated upon the Corpus quadrigemium and blocks up the Aquaduct of Sylvius. Let us imagine the absence of the large blood vessels from the heart and the peduncles from the pineal gland, and we will be astonished about the dazzling similarity of both organs. When we make a sagittal median cut through the brain, we find that we have divided exactly the center of the pineal gland, furthermore we notice that the coronary ventricle leads into the third, then into the fourth and finally into the canalis centralis medullæ, ending in a blind pouch. This arrangement we find exactly in the embryonic circulation, in which the aorta also ends in a blind pouch. Therefore the pineal gland is according to shape, situation and ending similar to the heart of the paternal circulation and represents the undeveloped organ.

It might appear strange, that this undeveloped paternal heart lies

TAB. 1.



The illustrations are reduced resp. enlarged to bring them to the same scale.

Fig. 1. Cerebro-spinal cord in vertebral column.

" 2. Cerebro-spinal cord in foetus.

" 3. Spermatozoon

" 4. Germinal membrane and embryo showing development of brain and spinal cord.

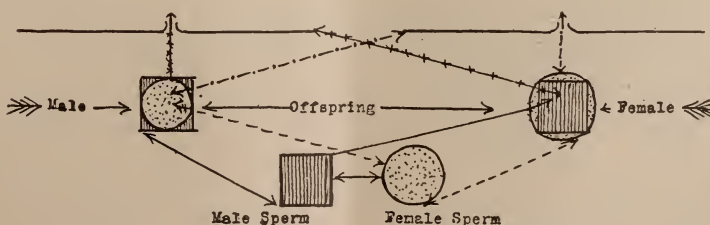
TAB. 2.

Main Organs

Brain	Muscles of arm
Pineal Gland and Spinal cord	Muscles of hand
Eyes and Eyelids	Psoas magnus
Ears	Muscles of thigh
Nerves	Muscles of leg
Muscles of face	Liver
Teeth	Kidney
Muscles of trunk	Gastro-intestinal tract
Lung	Mammæ-undeveloped
	Prostate

Rudimentary Organs

Hypophysis cerebri	Psoas parvus
Heart and Aorta	Subcrureus
Carunculæ lachrymalis and Membrana nicticans	Plantaris
Tonsils	Lobulus quadratus ¹
Bloodvessels	Spigelii, Caudatus, Gallbladder
Muscles of ear	Suprarenal
Wisdom teeth	Appendix vermiformis
Platysma myoides	Clitoris, Ovaries,
Thymus gland	Nipples
Palmaris longus	Mammæ
Palmaris brevis	Uterus



in the brain, but according to embryologists the embryonic heart is formed from a mass of cells which proceed from the middle layer of the blastodermic vesicle and the anterior wall of the cranial cavity. Quoting Gray:

"The heart is situated at first at the anterior end of the embryo, lying opposite the last two cerebral vesicles. As the head is developed, the heart falls, as it were, backwards to the lower part of the neck and then to the thorax."

The undeveloped heart in consequence remains in the cerebral sphere.

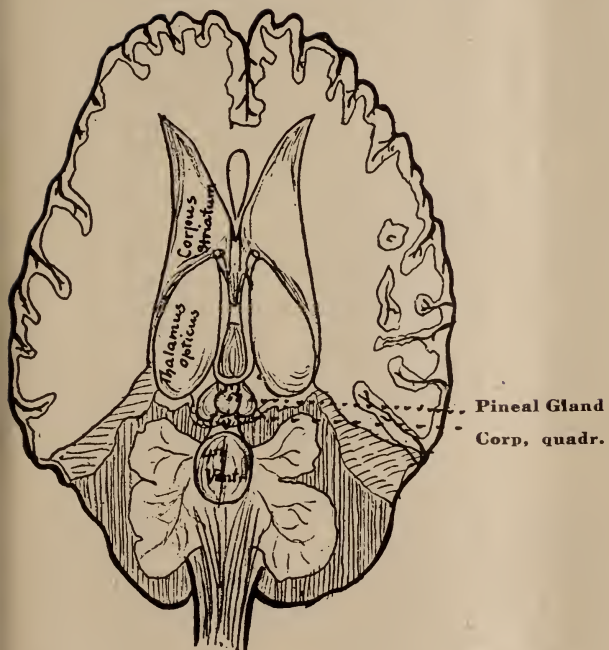
From this third ventricle branches off the infundibulum which leads to the hypophysis cerebri (situated under the brain). Before the hypophysis we find the Sella turcica in a separate covered recess at the base of the skull, and a sagittal median cut divides this structure in the center. A horizontal cut will show here, that the shape of the hypophysis is similar to the head of the spermatozoon. As to its situation the hypophysis is the copy of the cerebrum. Landois has shown, that the cerebellum is an inversion of the pharyngeal mucous membrane, and that the covered recess of the hypophysis resembles strongly the form of the skull, hence we see distinctly that the hypophysis is the unfinished brain of the maternal spermatozoon.

According to Rathke, Dursy, Mihalkowitsch and others, the hypophysis in a 1-2 mm embryo is situated close over the heart and this is in conformity with the nucleus of the ovular nucleus, which again resembles the head of the male spermatozoon. With other words: The nucleus of the maternal ovum is a rolled-up spermatogenic filament of which the nucleus represents the head of the spermatozoon, while the heart and primitive aorta are derivatives of the tail. Both spermatozoa from which the body is formed, possess the same shape; both are spermatozoa which develop in a round cell (the male in the spermatoblasts of the seminal canals; the female in the ovum of the ovaries); both possess the same constituents; both are able, each by exchanging the biochemical affinities, to form a bloodcirculation or a cerebro-spinal cord.

It will be not very difficult to trace missing organs in Tables 3, 4 and 5, Figs. 1 and 2. I have given a few examples, from which can be seen even in comparing the rough sketches the similarity between the main and rudimentary organs. It would be beyond the scope of this paper to go into details, hence I refer you to any text book on anatomy or physiology which will show the analogy between the main and rudimentary organs spoken of above.

We have to take in consideration the fact that all organs consist of cells. If we can prove that in every cell both parents are represented, we have furnished the proof. For this purpose we again start from the fact, that the spermatozoon is the smallest potency of the cerebro-spinal cord and we picture this process during and right after fertilization thus: We have supposed that in every spermatozoon (male and female) the molecules of each future cell are arranged close to each other in such a way, that the female wallatom touches a male nucleusatom by their mutual affinity. When, during fertilization, the male spermatozoon pierces the female ovular cell, neither one nor the other part of the spermatozoa dissolves or disappears, but both remain intact in form and size. The male spermatozoon overlaps the rolled-up female spermatozoon and both, by the tremendous biochemic power of attraction, which they possess, are attracted towards each other and become flattened. (Most embryologists are of the opinion that the head of the male spermatozoon becomes flat after fertilization.) The vital force, which is inherent in every spermatozoon, stirs up the condensed atoms in the opposite spermatozoon till a splitting and differentiation of said atoms take place, upon which an interchange occurs, viz. the enveloping spermatozoon gives up half of the inherent maternal atoms to the nucleus, whereas this exchanges half of its paternal atoms with the male spermatozoon. Each spermatogenic part has received from its opponent that which belonged to it, but which is endowed with the opposite attraction—affinity. The maternal spermatozoon, being situated in the center, is complete in size and shape and possesses its entire number of atoms, its own and half of the paternal part. The same is the case with the paternal spermatozoon, which has retained its size and shape and possesses also its complete number of atoms, viz., its own and the received half of the maternal part. Equivalent atomgroups

TAB. 3.



TAB. 4.

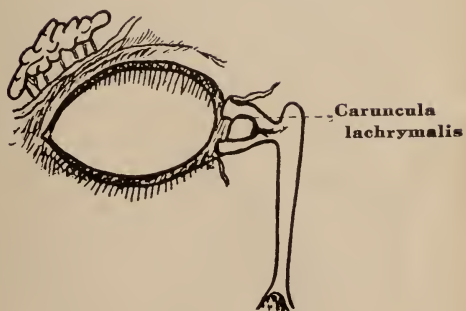
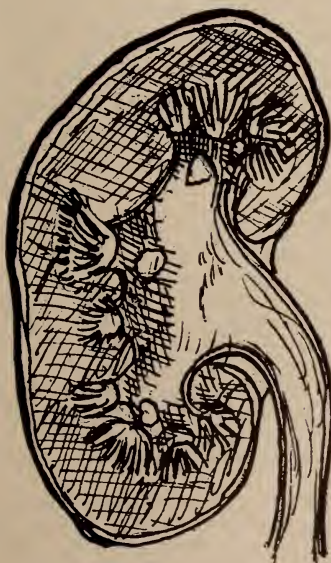


Fig. 1.



Supra renal



Kidney

Fig. 2.

must exchange with each other, hence the eyeatomgroup, e. g., of the male must exchange with the female, but this happens only if the atoms of both are separated in such a degree that passages or exchange gaps result. These must be wide, because the inner atoms have to pass, therefore the nearer the axis of the spermatogenic substance is, the smaller will be the number of exchangeable atoms, and consequently the exchange-passages also. In the axis itself, as other atoms need not to pass, the atoms or molecules occupy only a space large enough that the opposing atoms do not touch each other; however, sufficient room must be present for the passage of the advancing atoms.

If we term the atoms of the wall "wallatoms" and those laying in the axis "axisatoms," we can express the foregoing thus:

The axisatoms are situated after exchange close together, while the wallatoms have a more or less space between themselves. This space is apparently empty, a vacuum. But without a forced necessity a vacuum cannot exist in nature, hence this space is also filled by atoms of both kinds of spermatozoæ. Between one axis and another passages exist (exchange-passages) which are crowded by "fillingatoms."

Both spermatozoæ represent now:

(1) two plates, one upon the other, distinct in outline, of which the inner one forms the lining of the outer one;

(2) in each plate exists an axis which has also not changed its form;

(3) exchange-passages are present which are filled up by fillingatoms. As long as everything is in the state of development we cannot directly observe the foregoing phenomena, but as soon as this exchanging process is finished, we see the first step towards development by the appearance of an upper axis-rod, which is simply a flattened spermatozoon, and we term this "the primitive fibril." Below this fibril we find the "primitive groove," which soon surrounds the male axis-rod, and which is in fact nothing else but the female axis-rod. At the same time two germinal leaflets appear, which we can now easily detect, viz. the male spermatozoon has remained above and has not changed form or location, hence it is the upper leaflet or Epiblast, also the female spermatozoon has not changed and is the inner leaflet or Mesoblast.

If we imagine two flat pouches laying one above the other, we find that they represent two leaflets as long as they are not inflated, but if so, we will notice two outer lamellæ or leaflets and two inner ones; the latter blending together to one thick layer. Substituting the two spermatozoæ we find first two, then three and finally four germinal leaflets. The third leaflet or mesoblast is therefore composed of the surfaces of the spermatozoæ facing each other.

The vertebral column develops from the primitive groove, which originates, being derived from the outside or female spermatozoon which surrounds the inner or male, in the third leaflet or mesoderm.

The first layer then forms the epidermis, the second the muscles, the third the bones and the fourth the bonemarrow.

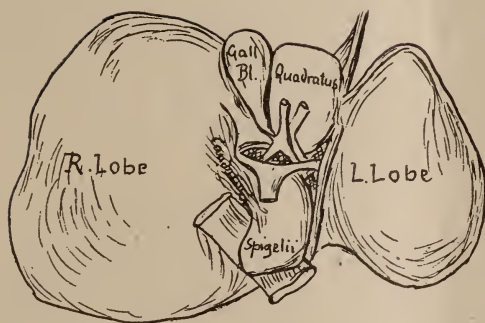
In other words: The bony maternal part surrounds the paternal cerebro-spinal cord.

If we cut away from the vertebral column the ribs and extremities, we again find that the vertebral column plus the skull resembles the shape of a spermatozoon. (Tab. 1, Fig. 1.)

What is true of the vertebral column in a large degree, is also true of every cell in a small measure, viz. everywhere a maternal molecule lays close to a paternal one; the former grows around the latter, so that in every cell the nucleus represents the paternal part and the wall the maternal. (In 1871 E. Van Beneden has proven this to conclusion.)

The above explanations upset the present doctrine of rudimentary organs, because in organism of four leaflets no rudimentary organs can exist, but only such which have become superfluous through the union of the germinal material of both parents, hence that what is necessary for the economy of the organism is used by the embryo, and that which is unnecessary remains on a low stage of development in the spermatogenic cell; however, it appears as a complete organ represented by molecules and reappearing under favorable circumstances as mainorgans, but this in the

TAB. 5.

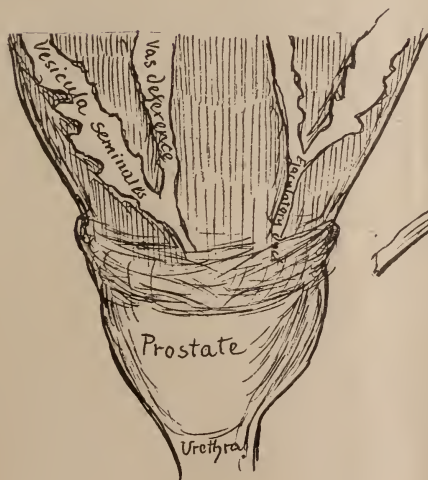


Liver Under Surface

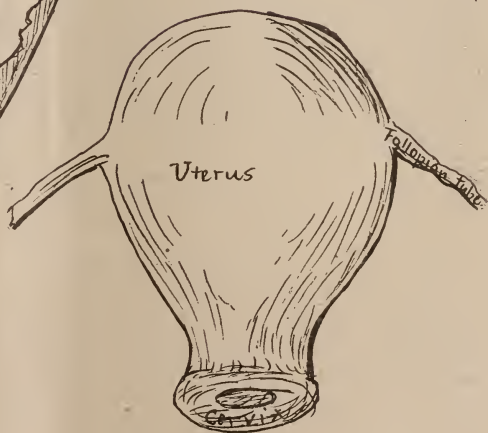


Undersurface of Small Lobes

Fig. 1.



Prostate



Uterus

Fig. 2.

third generation only. In general we may say, that the embryo, as long as it has developed to a male, does not change the reserveorgans, while in the female embryo the reserveorgans retransform into mainorgans, i.e., from the cerebro-spinal cord of the grandfather the blood circulation of the grandchild results; from the pineal gland—the heart; from the hypophysis—the brain, etc.; hence under the most favorable circumstances the reserveorgans can change into mainorgans, but only in the third generation and if the embryo is of the female sex.

In artificially breeding the appearance of a new kind of organs can be explained thus: Both parental spermatozoæ have equal power of attraction, hence they cannot surpass each other because the new formed cells are weak and the strong biochemical forces are absent. The crippled new spermatozoon, if the male is propagated, can only produce a crippled male, while the reserveorgans of the grandfather suddenly appear as mainorgans if a female is generated.

Finally I wish to say a few words about deformities.

According to the above explanations deformities can appear only when many equivalent atoms of both spermatozoæ do not possess enough force of attraction for each other, and in this case they do not come to development (Aplasia, Hypoplasia), or they displace each other, causing the organs not to develop in the right place (Supernumerary, Overgrowth, Reduplication). In the former case the equivalent atoms die in the embryo, hence do not form cells, or the defective cells have been displaced and the resulting organs have more cells than they should have normally.

In conclusion we can express the foregoing thus:

- (1) Each specie originates from two separate primitive cells; (the monocellular animal makes no exception).
- (2) The final creature of these primitive cells has not developed immediately in the multicellular organism, but has passed through a series of stages, which we call Phylogeny.
- (3) The Phylogeny of one animal specie, which has developed from two distinct primitive cells, has nothing in common with the Phylogeny of another animal specie.
- (4) An animal specie passes in short time through all the stages of its own Ontogeny, which its primitive cells had to pass in its Phylogeny during millions of years.
- (5) Each primitive cell had only so much material as was necessary to build up a creature in the course of millions of years and which was of a distant outline, form and shape and limited to a certain space.
- (6) The final creature appeared when this material was used up; it could not develop further or into another type, because all species are constant in themselves.

Phytin.

BY G. W. BOSKOWITZ, M.D.

True eclecticism stands for the best in therapeutics. Our materia medica is rich in therapeutic possibilities because we more than any other school look to the plant world for our weapons against disease. That fact makes Phytin at once an object of interest to eclectics because Phytin is the phosphorus salt of plants. It is the most widely distributed organic phosphorus. This active principle has been widely used throughout Europe for about ten years. It is now to be introduced here by Sharp & Dohme. This old reliable firm offers liberal samples to every eclectic physician who desires to test this new remedy. Foreign physicians report excellent results from the use of Phytin in rickets, neurasthenia, anemia, chlorosis, pre-senility and other conditions

of lowered vitality due to a great loss of phosphorus by excretion. The booklet published by Sharp & Dohme gives a brief, pithy talk on Phytin, and when you write to Baltimore for your sample—and of course you will write soon so as to be sure of getting a free sample before the supply is exhausted—please mention the fact that you belong to the Eclectic Review Family and they will treat you with most courteous consideration.

Syphilis by Fresh Blood Examination.

ROBERT L. WATKINS, M.D.

It has only been a few years that there has been any, what is called authoritative recognition, of a syphilis germ in the blood. And this has come about, as is usual in medical science, through the work of foreigners, and in this case it is the labors of Hoffman and Schaudin who have isolated what is called the *spirochottæ pallida*, a germ of the spirillum variety, which it is claimed is found in most cases of syphilis, especially the first and second stages. Perhaps we may say coupled with this work is that of Wasserman, who by a serum reaction also claims to be able to determine this disease in the system. At any rate it is the labors of these men with Noguchi modification of Wasserman's test which has brought about the fitting out of laboratories and the general work of testing blood for this disease.

But, gentlemen, there is a germ which is found in syphilis which dates back in origin more years than I am old. Loesterfer observed one more than a hundred years ago, but the crypta syphilitica which I have observed in the freshly drawn blood for eighteen years or more requires no elaborate stain, no difficult technique, is found in all stages of the disease, makes its appearance in the general circulation in ten or twelve days after the initial lesion, and remains in the system of the infected individual until treatment or Dame Nature by chance has eliminated it. To see it in the living blood requires only a microscope with a one-twelfth objective and the skill of a microscopic eye. It is therefore of inestimable value to the general practitioner to have the blood of a suspected syphilitic patient examined, for it not only settles the question of the presence or absence of the disease, but if found it saves the patient one or perhaps two years of treatment, because if the treatment is begun as soon as the disease enters the system it can be eliminated, in my experience, in from twelve to eighteen months.

For example, if a chancre is suspected and the blood is examined about the sore and the germs found before they get into the general circulation, the proper dose of medicine can be decided upon and treatment thus begun and continued as long as the germs are kept under

control. And this is decided by a blood examination from time to time.

Some years ago a physician came to me for a blood examination to see if he had the disease in question—he had a few weeks previously had a combination of sores on the glans penis which he cauterized. No further symptoms had developed; but on examining the freshly drawn blood I found it full of specific spores. Several weeks after I met him on the steet; he uplled up his sleeve and showed me the secondary eruption, saying: “You were right; there is the proof. I did nothing after you examined until this appeared, but now wish I had.”

At another time a young man of leisure and wealth from Newark who had more or less of an urethritis, with considerable irritation about the glans, was sent to me by his physician for examination. His blood showed many of the *crypta syphilitica*. He was considerably taken back by the announcement; asked for and arranged with me to see and examine the blood of his *demi monde*. She came and denied ever having any symptoms of the disease, but the blood revealed her system full of it. At this result of my examination both parties, man and woman, became vexed at me, as well as their own physician. However, inside of a year, I am informed, he was at the hot springs, being treated for syphilis, which manifested itself by the usual secondary eruption. Thus we have a good practical illustration of acquired syphilis without a chancre.

I could go on with many more cases of syphilis I have examined, many of which it was not suspected that such a state of things could be, for, as I said before, this micro-organism is found in all stages of the disease, but one more will suffice.

A retired business man of something more than sixty years of age consulted me for a troublesome lumbago. The blood was examined as is my routine custom in all cases. On finding the *crypta syphilitica* I questioned him in the line of venereal diseases, and, as usual with most men who have had syphilis, on being asked they will acknowledge having had gonorrhœa, but syphilis—never. However, when he came the second time a week later, he volunteered the information that forty years previously he had a chancre, had been treated for syphilis and that was one reason he never married.

I thank you, gentlemen, for the privilege of reading this short paper and will close by saying perhaps there are others here who have had experience with this syphilitic organism. If not, they may have sent me cases for diagnosis, and I would value it to know the ultimate results of any such cases. I will close by declaring again that the *crypta syphilitica* is found in the fresh blood of all who have had syphilis and have not been cured.

New York.

The Symptoms, Diagnosis and Complications of Endometritis.

BY MARIAN ARVINE-COLEMAN, M.D.

Read at a meeting of the Eclectic Medical Society of the City and County of New York.

In the early stages of endometritis, menorrhagia is one of the most frequent symptoms. In the glandular variety, this is the most prominent symptom and it persists for a long time. The flow may be moderately increased in amount or it may assume the nature of a profuse hemorrhage, with the frequent passage of clots.

Menstruation is scanty in septic or in interstitial endometritis, and may be suppressed in the acute attack.

Dysmenorrhea is a common symptom found in cases where there is a flexion or an inflammation of the fallopian tubes and ovaries.

Another symptom that causes much annoyance is a leucorrhœal discharge, usually of an exceedingly foul character. In some cases the mucus is tinged with blood. Sometimes the leucorrhœa lasts throughout the month, while in many cases it ceases a few days after the monthly flow.

Pain is prominent, of a "bearing down" character, and felt over the pubes, in the vagina and in the lumbar region, often extending down the limbs. The patient may complain of cramps, which are caused by the retention of blood and mucus.

It is not rare that a feeling of discomfort necessitates frequent micturition, although the urine is normal.

Reflexes are numerous, the most common being a gaseous distension of the intestines, constipation, impaired digestion, pricking pains in the eyes, weak eyesight, phosophobia, combined with pain in the occiput where the visual centers are located.

Acute endometritis is characterized by fever, which may be preceded by a chill. The temperature may be slightly elevated or it may go up to 103° or even higher. The disease may rapidly involve the general system, giving rise to profound symptoms of septicæmia without any special localization, or it may manifest itself by a severe lymphangitis.

In chronic cases anæmia and nervous debility are often present.

DIAGNOSIS.

Endometritis unaccompanied by peri-uterine inflammation is distinguished by the mobility of the uterus and the absence of any thickening around it. Constitutional disturbances are less than in pelvic peritonitis or cellulitis, but greater than in simple vaginal inflammation. Bimanual palpation reveals tenderness of the uterus, and the passing of the sound shows a sensitiveness of the endometrium at the internal os and fundus.

Angioma may be distinguished from hemorrhagic glandular endometritis by the aid of the curette, which in the latter case will bring out some of the hyperplastic mucous membrane.

In tuberculosis of the endometrium the curette will find necrotic, cheesy particles and tuberculous tissue in most cases.

In carcinoma and sarcoma watery discharges, fetor, gradually increasing menorrhagia, rapid progress, and the microscopical examinations of the findings of the curette are diagnostic.

The inflamed cervix is usually soft and elastic, while the carcinoma is either hard or friable.

Small fibroids are frequently difficult to recognize, especially when interstitial or submucous. The irregular enlargement, well defined points of resistance and frequently intermittent pains are diagnostic.

COMPLICATIONS.

In septic cases the prognosis is always grave, passing rapidly into purulent peritonitis and ending fatally in spite of all treatment.

Sterility is a natural consequence of the prolonged existence of chronic inflammation, not only from alteration in the structure of the wall and mucosa, but probably much more from superadded changes in the pelvic peritoneum affecting the tubes and ovaries. The escape of the ovum may be prevented by extensive adhesions fixing the ovary, or through thickening of the ovarian tunica albuginea, which prevents its exit from the maturing Graafian follicle. The fallopian tube may furnish the obstacle through closure of its abdominal or uterine ends or by stricture along its course.

In pregnancy the existing changes unfit the uterine surface for the complete nutrition of the developing embryo and abortion follows.

The substitution of connective for muscular tissue, through the consequent uterine inertia, when gestation is completed, renders delivery tedious and increases the dangers of post-partum hemorrhage.

New York.

Items from the Field of Neurology.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

In treatment of enuresis nocturna, two therapeutic measures are of importance. One is psychotherapy, and especially the surprise process. This can be carried out by the cold douche, or faradic brush at bed time. The child is placed naked on an infant chair and the douche directed against the anus and genitals. He or she is taken wholly by surprise and often one sitting is sufficient for a permanent cure. The second resource is to awaken the child at a definite hour, and be made to urinate, until this becomes a habit, and time this awakening just before the former urination.

Alcohol is a powerful coefficient, but not the main cause in the production of insanity, except in the rather infrequent cases of alco-

holic dementia. Certain types of insanity can be transmitted, such as periodic insanity (also called maniac depresso?), delusional insanity, and epilepsy. Mothers will transmit insanity and epilepsy with greater frequency than fathers, and the transmission is especially to daughters.

Paranoia, with depressive and persecutory hallucinations and delusions, is distinguished by the facts that the delusions are systematized and that the patient thinks he is persecuted wrongfully, while the victim of melancholia believes that he deserves all his sufferings.

Senile dementia rarely appears before the fifty-eighth year, but may occur earlier in those who have worked hard or been given to excess.

In the Boston Medical and Surgical Journal, Coues reports a case of paralysis agitans, associated with arteriosclerosis in a male, seventy-three years old. In addition to a tremor of the hands, there was also increasing mental impairment. There occurred sudden attacks of delirium, followed by complete unconsciousness, transient paralysis, and at times respiration as low as three or four to the minute. At different times there was absolutely no respiration for three-quarters of a minute. The patient recovered, except in regard to gait and tremor.

Great remedy is Salvarsan! But the inflammation of the optic, auditory and other cranial nerves which has developed in some cases after its use, will make me think more than twice before I use it. The optic and auditory neuritis have in many instances cleared up under the use of iodides and mercury.

The prognosis in multiple sclerosis is unfavorable for recovery, but some reversions, of quite some duration, can be secured in some cases. The earlier its development in life the better is the chance of its arrest, and in the treatment remember the most important thing: Avoid all physical exertion and obtain as "complete a rest cure as possible."

Vertigo can be due to anæmia of the brain, to chronic valvular disease, mitral regurgitation and to arteriosclerosis. It will occur in a fainting fit and severe hemorrhage. It can be produced by venous congestion of the brain, as after violent exertion.

In cerebellar lesions there is often a loss of knee jerk on the side of the lesion, and some time a marked tendency to stagger toward one side, usually toward the side of the lesion.

Two general types of insomnia can be distinguished—one in which the patient is restless and wakeful from the moment of retiring, but, if once asleep, does not awake during the night, and the other in which the patient may or may not drop to sleep, but awakes soon and stays awake. For the first class we must give a remedy which shall act promptly and powerfully; in the second class we need a drug which will not be eliminated from the system quickly; on this base all narcotic drugs should be divided into three groups: the rapidly acting, the slow and persistent, and those of moderate rapidity.

It is a question in my mind whether a case of *tabes dorsalis* once established is ever cured. The unfavorable prognosis in all these cases should be made known to your patient, unless the mental condition is such that it is inadvisable; then notify the family as to the poor outcome. In every case of *tabes*, you should come in with anti-syphilitic treatment, especially if the Wasserman reaction is positive.

Neuritis due to alcohol is a local condition affecting the entire nervous system, as well as many important visceral tissues of the body, and in all these cases the heart should receive your careful attention.

In chronic alcoholics, mental symptoms, confusion as to time, place, personality, increased suggestibility, etc., etc. (*Korsakoff's psychosis*) is of ominous significance, and the prognosis as to mental outcome is very poor.

It is quite hard to differentiate between cerebral syphilis and paresis, and some times almost impossible.

Years ago Spratling stated that, we can and must in many cases of epilepsy that appear during the twelfth to eighteenth years, coincident with the establishment of the menstrual flow in women, and with the development of adolescence in the male, ascribe to these changes the power of inducing well-defined convulsions that may be epileptic.

Simple melancholia in its early stages may be confounded with neurasthenia; in fact, neurasthenia may precede the development of the melancholia. When the depression becomes so great as to dominate the life of the patient, the latter may be said to supervene.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Summer Diarrhea of Children.

The time of year and the conditions of the weather are now upon us that are conducive to "summer complaints" among children.

There are no conditions other than these that so imperatively call for specific diagnosis and specific medication. There are no other conditions or diseases that so beautifully illustrate the superiority of the eclectic practice of medicine. Every physician has a desire to be esteemed a good doctor for children and we may add that in this class of troubles is where the truly eclectic shines forth to the very best advantage.

Our little patient has a diarrhea, he is from one to three years of age. Is he cutting teeth? is one of the first questions to be determined. He is nervous, restless, jerks in his sleep, tosses about the bed. His stools are frequent, greenish in color; temperature 100 to 101, pulse rapid, nothing peculiarly characteristic about the tongue. In this condition we think of brom. pot. and gelsemium, say: \mathcal{R} Kali brom. grs. xxx; spec. gelsem., gtt. x; aqua, \mathfrak{z} iv. M. S. Take one teaspoonful every hour.

Should the temperature be high, tongue red at tip and edges, alternate with the foregoing this: \mathcal{R} Spec. aconite, gtt. iij; spec. ipecac, gtt. v to gtt. x; aqua \mathfrak{z} iv. M. Sig. One teaspoonful every hour. As the conditions improve extend the time between doses. Say of each, one dose every two hours. If the diarrhea depends upon undigested food or fermentation in the intestinal tract, certainly an intestinal antiseptic is called for; and nothing meets the indications here like zinc sulphocarbolate, substituting this for kali brom. in the foregoing prescription in the proportion of 5 to 10 grains to 4 ozs. Of course, in this last named condition, it is well to administer a few teaspoonful doses of castor oil to remove all offending material before beginning the astringent—zinc sulphocarbolate.

After the first symptoms have been controlled with the above there may still remain a looseness of the bowels—possibly there may be some blood in the operations—in this stage amygdalus persica proves peculiarly efficacious. We prefer the fresh infusion of the peach tree twigs and we make it as follows: Take of the new green twigs, about 3 inches in length, as much as you can hold in the thumb and forefinger; bruise or crush them and put them in a pint cup and fill the cup with boiling water. Keep it hot—but not boiling—until it

evaporates to about two-thirds of a pint, then strain it off into a pint bottle and fill the bottle with glycerine; you then have a remedy that is pleasant to take and is probably the most effectual remedy for dysentery or any diarrhetic condition that is characterized by bloody or mucus stools or griping and straining at stool.

The dose will be according to age of patient and the frequency of operations; usually 10 gtt. to one teaspoonful after each bowel movement. Children take it without complaint and we have found nothing else that gives better results. With the foregoing line of treatment we have learned to look upon "summer complaint" of children as easy to control.—*American Medical Journal*.

Explosive Drugs.

Notwithstanding the fact that attention has frequently been called in these pages to the importance of exercising great care in combining remedies, and, in making combinations, of always being very sure that the proposed component parts will act in harmony, it may be well to occasionally refer to the subject, in order that we may keep such essential knowledge constantly fresh in our minds.

Explosions result from the combination of powerful oxidizers with readily oxidizable substances, as potassium chlorate or potassium permanganate with tannin, sugar, sulphur, sulphides, vegetable powders, glycerine, alcohol, tinctures or ether. The chlorate of potassium must never be associated with any organic substance; it is decomposed easily by a slight elevation of temperature, giving off its oxygen to the organic matter, which is made up of carbon, hydrogen, oxygen, and sometimes nitrogen, and forms products of oxidation, with a setting free of such an amount of heat that the mixture may be hurled, together with the vessel that contains it, in the face of the person who is so thoughtless or ignorant as to attempt the preparation of so dangerous a combination. (*See Fyfe's Specific Diagnosis and Specific Medication.*) Not only does the chlorate of potassium give explosive mixtures with organic substances, but it has the same effect when combined with the hypophosphites of lime, nitrates, and the salts of iron.

Every precaution expressed about the chlorate of potassium is equally applicable to the permanganate of potassium. The association of iodine with a liquid containing large quantities of ammonium will result in the formation of an explosive mixture. Iodine combined with the yellow oxide of mercury and vaseline might serve as an eye salve if the man attempting its preparation was not brown up before completing the labor. Violent explosions have resulted from mixing iodine with essences. Chromic acid is such an energetic oxidizer that it should only be used in crystals or dissolved in water. Bromine should never be combined with either alcohol or oil, and nitric acid should not be prescribed with organic compounds. The facts here given

show in a measure the importance of handling the most common drugs with the utmost caution.

Sulphur Lotum—Washed Sulphur.

Sulphur when thoroughly washed with distilled water until the liquid has no acid reaction and then dried, becomes sulphur lotum. It is the form of sulphur commonly employed internally. The flowers of sulphur (sulphur sublimatum) is usually employed externally and for purposes of fumigation.

This old remedy is now seldom mentioned by medical writers, but it often constitutes a good antiseptic, alterative, stimulant, diaphoretic and laxative. Some of our older practitioners may remember when the dear old grandmothers were wont to insist that it was absolutely necessary for all of the children to take sulphur and molasses at the close of the winter months. The rule was a good-sized dose every other morning for at least a week. The old ladies believed sulphur to be a "great purifier of young blood," and I am not prepared to prove that they were wrong. In chronic affections characterized by conditions usually regarded as of a scrofulous nature, sulphur has been employed with most gratifying results, and in catarrhal states of mucous surfaces following suppression of eruptions, it has proved an efficient medicament. In skin diseases, especially when accompanied by itching, which is increased by warmth, it exercises a relieving influence, and in scabies its action is often promptly curative. In glandular enlargements sulphur constitutes a remedial agent of usefulness, but in this condition it is inferior to specific phytolacca. It has also been found of some value in secondary syphilis, and in rheumatic and gouty affections its action has given much satisfaction.

Sulphur is not only a good internal medicament, but useful in the form of an ointment. An ointment may be made from thirty parts of sublimed sulphur and seventy parts of benzoined lard, by rubbing the sulphur with the lard gradually added, until they are thoroughly mixed. The ointment should be applied with brisk friction, and its application preceded and followed by warm baths. It is especially valuable in scabies.

The dose of sulphur lotum is 1 to 15 grains, but it is efficiently employed in doses of 1 to 5 grains, in trituration or in tablets. As a laxative 30 to 60 grains in milk have given satisfaction.

Colocynthis—Colocynth.

This remedy, prepared from the fruit of *Cumcumis Colocynthis*, sometimes constitutes a much needed medicament, but on account of its very bitter taste it is not always easily administered to children. I always endeavor to make medicines for my little patients as pleasant as possible, and for that reason seldom prescribe colocynth for them.

Still, there are cases in which minute doses of this drug are urgently demanded regardless of other considerations. In large doses it has no place in specific medication.

Colocynth is a remedy for atony, and in very minute doses it will stimulate nerve force to a normal condition, and in this way overcome colic. In diarrhea characterized by sharp cutting, griping pain, it is a very effective remedy, and in dysentery, especially when there are very frequent and ineffectual attempts at stool, or when there are frequent, large, bloody mucous discharges, colocynth exerts a curative influence. In all diseases in which spasmodic constrictive pain, tenesmus, tormina and straining at stool are prominent factors, this drug will yield satisfactory results. It may be efficiently prescribed as follows: \mathcal{R} Specific colocynth, gtt. i to ii; water, \mathfrak{z} iv. Teaspoonful every hour.

Summer Complaint.

Various combinations containing Rhubarb have long been held in deservedly high esteem by the medical profession, in the treatment of bowel trouble, particularly when occurring in young children and incident to the warmer weather, and while the results obtained from the use of these combinations have been in the main satisfactory, their efficiency has been much impaired by the large amount of sugar entering into their composition.

In cases of the class in which such remedies are commonly prescribed, there is present more or less fermentation of the contents of the alimentary canal, and the ingestion of sugar, under such circumstances, contributes material to the fermentative process. A very decided improvement upon this time-honored prescription is the ALKARHEIN of the Merrell Company. It contains but a small amount of sugar and as the alcohol present tends to inhibit the fermentative process, the advantage derived from its use in this connection is apparent.

Golden Seal is another valuable addition to the formula, exerting, as it does, a mild tonic and astringent effect on the mucous surfaces of the intestinal tract. As intestinal digestion is always enfeebled in these cases, the formula of Alkarhein is further strengthened by the addition of Pancreatin.

In the ordinary cases of summer diarrhea among children, due to improper feeding and acute indigestion, a rational method of treatment consists in the administration of one tablet of Calomel, Ipecac and Sodium Bicarbonate every hour until a purgative effect is noticed, Alkarhein being then administered in teaspoonful doses until the diarrhea is controlled. In neglected cases, in which the stools have become watery, it is well to combine Tr. Opii Camph. with Alkarhein. There are very few cases which, when treated on the above lines, will not make a prompt and satisfactory recovery.—*Therapeutic Digest.*

Items

The Louisville meeting was a great success, and we are under many obligations to Dr. J. C. Mitchell and the local committee for pleasant entertainment and attention.

New York was well represented at this meeting by Doctors, Thompson, Hardy, Heeve and Boskowitz, from the Greater City, and Doctors F. P. Sinclair and Lee H. Smith, from the State.

The University of the State of New Jersey, of which Prof. H. J. Lohmann is Dean, had its commencement Thursday, June 8th. They graduated a fine class.

Sal Laxa, S. & D., appeals to me for four reasons:

1st. I know just what it contains. The label gives the formula in full. There is no mysticism or guess-work about it.

2nd. It does the work. It is a splendid liver eliminant. The movements are copious and painless. By its proper use you clean out the intestinal canal and keep it clean.

3rd. It is advertised in a clean, straightforward way to physicians—not to our patients. And is sold by druggists—not by department stores.

4th. It is made by a dignified old firm, one that is highly respected by the medical profession at large and especially by our School.

I use it personally and in my family.

G. W. Schaefer, M. D.,
216 E. 17th Street,
N. Y. City.

Pleasant office to rent for a doctor: 359 Lenox Ave. For particulars write Mrs. Tripp.

Boericke and Runyon have moved to 14 West 38th Street.

Dr. Mary Carr-Zullo, who passed the Board of Health examination two years ago, has just received an appointment as medical inspector. No politics, no special influence; merit counts sometimes. The Review family congratulates the Doctor.

The following members of the class of 1911 took the May State Board examination and have received their licenses: Drs. von Unruh, Matz, Minkoff and Feld.

Send for catalogue of the Eclectic Medical College of the City of New York.

If the Stomach Were a Sack.

If the stomach were a sack into which uncooked food and nauseous drugs might be thrown and be digested and absorbed into the system, then there could be no objection to plain crude cod liver oil. The stomach would use it just as it would the uncooked food. But since the stomach is not a sack, but happens to be a delicate organ which will resent harsh treatment, uncooked food, nauseous drugs and plain crude cod liver oil are not good for it and against them it rebels. Our common sense warns against uncooked food; deference to the patient's taste guards against the administration of disagreeable drugs, and the manufacturing chemist has made it possible to give cod liver oil in palatable form. Hagee's Cordial of the Extract of Cod Liver Oil Compound is the most efficient and palatable of the cod liver oil preparations and its great value as a tissue food has won for it wide use at the hands of physicians.

It seemed strange to attend the National without "Brandy."

Applications are pouring in, and the prospects for a fine class are excellent.

Summer Cases.

Conditions peculiar to the season now with us will present themselves for your consideration and a reference to the fact that antiphlogistine has proved of particular service in sunburn, bee stings, insect bites, sprains, bruises, etc., will offer you a ready and satisfactory dressing and is procurable in all drug stores.

In those severe cases of dermatitis following undue exposure to the sun's rays, antiphlogistine will quickly reduce the inflammation and accompanying swelling and pain.

In all cases it should be applied thick and hot, and well protected by ample covering.

Papa and the family left for England July 6th. May they have a good time and a safe return.

Book reviews have been crowded from this number. Will appear in September issue.

For your convenience subscription blank will be found in the advertising pages.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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No. VIII.

The College.

The college building is in order, and everything is in readiness for the opening of another college year, which will take place Thursday, September 14th, 1911.

We are having numerous inquiries from prospective students as to the course of study, the terms for admission, and also in reference to the practice of medicine that we teach.

Some students have already matriculated, others have signified their intention of doing so, and there is every prospect of a good attendance this fall when the annual session begins.

We trust the alumni and friends of the college, as well as all friends of Eclecticism, will do their part in sending us students.

Send us the names of those who are contemplating the study of medicine, and we will see that they receive one of our catalogues.

The success of the college depends upon your efforts, and we hope to see it well filled with students at the coming session.

Hints and Winnowings.

The self-appointed guardians of the medical profession, more commonly known as the scheming bosses of the A. M. A., have acquired the ridiculous habit of designating the Eclectic school of medicine as a sectarian organization, and, like all bad habits, this one seems to increase with its continued indulgence. If these medical politicians were not irrationally devoted to selfish schemes, there might be a possibility of eventually convincing them of the fact that the Eclectic school not only stands for everything known in scientific medicine, but that in addition it is earnestly devoted to a special line of research of the utmost importance to suffering humanity. Instead of being sectarian, the principles of the Eclectic school are as broad as the universe itself, and it needs not apologize for its existence; it occupies an important field of research absolutely neglected by the older school of medicine. In regard to the necessity for the existence of the Eclectic school, the president of the Texas Eclectic Medical Association, in his annual address, well remarks as follows:

"Every school in medicine has lived for a purpose and has a continued right to live. Allopathy has developed and is developing

the fixed sciences in medical study for which we gladly give it praise. Homeopathy has given us much *materia medica* and has impressed the fact of the usual needlessness of the extremely large dose—a fact for which the world has reason to be thankful. Eclecticism has revealed the fundamental truths of “specific diagnosis” and “specific medication,” and through its study of *materia medica* along these lines, has developed, is developing and must continue to develop the most rational and scientific system of medication yet evolved. Not until the curative power of the thousands of yet untried remedial possibilities have been clinically tested and studied and their specific adaptation to disease expressions firmly established; not until a *materia medica* capable of coping successfully with every ailment of mankind now considered incurable by the profession has been evolved; not until the utmost simplification of the specific indications for the administration of drugs in disease and the complete elimination of all drug rubbish from the midst of the remedial treasures of the future has been accomplished; not until then, and then only shall Eclecticism feel convinced that its important mission to ailing mankind has been fulfilled and the time for its demise has come, because the goal—the truth—shall have been reached.”

The foregoing makes it evident that Dr. Battencourt has a clear conception and appreciation of the valuable work being accomplished by the three regular schools of medicine, as well as an accurate knowledge of the lines along which the Eclectic school has yet much to do.

There is at this writing a vigorous attempt being made by interested parties to secure the removal of Dr. Harvey W. Wiley, chief of the Bureau of Chemistry, and the attempt is being opposed with equal vigor by those who indorse his administration and believe that the President will not dismiss an efficient public servant because of a slight irregularity in winning over to the service of the country an expert of the high standing of Dr. Rusby. If, however, he disobeyed the orders of his superior, Secretary Wilson, his action may be looked at from a different viewpoint. The talk about the increased expense of a \$1,600 salary to be paid to Dr. Rusby comes with poor grace from those who favored the creation of the Remsen Board by former President Roosevelt. The duties of this Board is to review the decisions of Dr. Wiley under the Pure Food and Drug acts. In regard to the usefulness of the Remsen Board the lay press recently published the following:

“While so much fuss has been raised over the salary of \$1,600 set aside for Dr. H. H. Rusby, it is interesting to note some of the sums paid the members of the Remsen Board, which in the three and one-half years of its existence has cost the government several

hundred thousand dollars and rendered two decisions, one reversing Dr. Wiley on benzoate of soda and the other sustaining him on saccharin. From March, 1908, to December 31, 1909, this Board drew \$86,793, which was divided among its members thus:—Dr. Ira Remsen, of Johns Hopkins University, president of the Board, \$11,631 salary and \$4,040 expenses, total \$15,662; Dr. Russell H. Chittenden, Yale University, \$13,709 salary and \$5,769 expenses, total \$19,479; Dr. Christian A. Herter, Columbia University, \$9,822 salary and \$3,518 expenses, total \$13,340; Dr. John A. Long, Northwestern University, \$15,685 salary and \$8,473 expenses, total \$24,158; Dr. A. E. Taylor, University of California, \$9,732 salary and \$4,419 expenses. Since then \$60,000 has yearly been set aside for the salaries and expenses of the Board.”

An unusually severe headache, which persistently resists the corrective influence of specifically employed remedial agents, should be regarded with a reasonable degree of caution, for such abnormality may constitute the beginning of some dangerous form of disease. The occasions are numerous on which this fact has been demonstrated beyond a doubt.

Two years ago a young man, on his return from a vacation spent in the mountains, called at my office, saying that he was suffering from a headache of great severity. The pain extended over the entire head, but was most severe in the left frontal region. Gelsemium and rhus toxicodendron were prescribed with the expectation that relief would be speedily afforded. On the following morning, however, I received a telephone requesting me to call at his home, where I learned that the headache had become very much more severe. Careful examination failed to reveal any other symptom of disease, and by exclusion of other diseases fully reviewed, I decided that the case was one of typhoid fever, resulting from drinking contaminated water from springs and brooks at the mountain resort where the patient had spent his vacation. The announcement of my diagnosis was followed by the request that I call in consultation an eminent diagnostician of New York. This I did and my diagnosis was confirmed by the well-known specialist. The patient made a good recovery at the end of an unusually severe case of typhoid fever, which continued six weeks. A case similar to the foregoing occurred in May of the present year. A young man who had recently returned from a visit in the country, where he drank freely from the “old oaken bucket,” was suddenly attacked by an excruciating pain in his head, which, like the former case, was most severe in the left frontal region, and failed to yield to the suggested treatment. There were no other apparent symptoms or diagnostic features. The process of exclusion eliminated other diseases and made the diagnosis of typhoid fever seem reasonably

clear. The patient is now rapidly recovering from a somewhat protracted case of that disease.

Creative processes, and especially those connected with human life, have ever engaged the earnest attention of men devoted to scientific research. Such men are often prompted by love of knowledge to seek that which many times seems beyond the grasp of the human mind, as, for instance, the law of nature which controls the sex of human beings. As a result of such reaching out for knowledge of this character many plausible reasons have been suggested, soon to be followed by others just as likely to be the true ones. In this connection the statement made by Dr. Romme, an eminent English physiologist, that it is the universal law of nature that the child resembles the weaker and not the stronger of its parents, is not devoid of interest. He maintains that statistics prove that a male is born when the father is the weaker of the parents and a female when the mother is the weaker partner. In all countries, according to the doctor, the proportion is found to be almost identical, namely 105 or 106 girls to 100 boys. The only exception is found after a great war. This is because the best and strongest men are sent to the front, while the weakest remain behind. The physiologist declares that nature's purpose is to replace the weaker individual with another of the same sex before he or she disappears. When an old man marries a young wife it is a proved fact that more boys than girls are born, the opposite being the case when the wife is much older than the husband. To every 1,000 girls born, says Dr. Romme, there are 865 boys when the father is younger than the mother; 948 boys when both parents are of the same age; 1,037 boys when the father is from one to six years older than the mother; 1,267 boys when the father is from six to eleven years older than the mother, 1,474 boys when the father is from eleven to sixteen years older than the mother, and 1,632 boys when the father is more than sixteen years older than the mother.

In an article on the treatment of typhoid fever, published in an Eclectic journal, the writer exhibited inexcusable ignorance of therapeutics when he wrote the following: "Echinacea may be given more to satisfy the patient who will no doubt insist on taking medicine, than for any particular benefit it may produce. The main reliance should be placed on the Intestinal Antiseptics, and Calomel, when needed."

The public drinking cup has been abolished in New Hampshire, Vermont, Massachusetts, Michigan, Wisconsin, Mississippi, Louisiana, Oklahoma, Kansas, Idaho and New Jersey, and seven State legislatures have this year had before them bills looking to the same end. The drinking cup will soon disappear from all pub-

lic places, and travelers will then acquire the habit of carrying a paper cup. The disappearance of the public drinking cup will prove a great help in the restriction of contagious diseases, as well as a means of educating the public in regard to the constant danger of contagion by the lips and mouth. The mouth is one of the great gateways of disease. If safely guarded it will be impossible for many germ maladies to enter the body.

In making a diagnosis of eclampsia it should be remembered that an epileptic attack has occasionally followed a normal labor. This is important, for the former should be vigorously treated with veratrum, while the latter will soon cease without treatment of any kind.

J. W. F.

Medical Authority in America.

While New York was the ground upon which was fought the fiercest battle for medical freedom as against restrictive medical laws, many other States having felt the curse of medical authority were also engaged in a struggle to repeal their oppressive laws. The wave of protest against the unjust laws which prohibited freedom in the practice of medicine began in New York in 1830 and spread to other States. This wave of protest did not subside until allopathy had been shorn of all her unjust protection by repeal of the statutes which gave her rights not vouchsafed to others equally entitled to them.

A Select Committee, authorized and appointed by the New York Assembly, reported through its chairman as follows: "If the physician is distinguished by his superior intellect, his superior virtue and attainments in medical science, a discerning people will discover it, and he will receive the rewards of an extensive and successful practice which he would never obtain by binding and imprisoning his humble opponent. The strife of the professional man, ennobled by genius and talent, and exalted by virtue, is generous and noble; and he needs not, *he asks not*, the aid of severe laws to insure it." Thereupon this Committee reported a bill to the House favorable to a repeal of the then existing law, which was passed by a vote of 74 to 27. It passed the Senate by a vote of 17 to 5 and was promptly signed by Governor Throop. Medical authority was thoroughly organized into State and County societies and the annulment of its protective legislation acted only as a stimulant to redoubled efforts to regain its lost power. The Reform forces were just beginning to organize.

Justice, however, was rubbing her sleepy eyes in other States and Ohio repeals her obnoxious medical law in 1833. Alabama not only repealed the law, but enacted a law expressly upholding the

Botanic Practice. Mississippi took action the following year. Indiana gave allopathy a black eye in 1834. Medical authority, always busy in politics, elected one of its emissaries to the legislature of that State who promptly introduced a bill prohibiting Reform physicians from practicing medicine in Indiana; but authority had not taken a correct measurement of the Indiana legislature and its efforts to restrict medical practice by penalizing liberal physicians, were as promptly defeated by a vote of 45 to 30. Love of liberty and equal opportunity for all was still alive in Indiana. Maryland and Vermont repealed their restrictive medical laws in 1838 and 1839 respectively, thus removing the ban which authority had placed against freedom in the practice of medicine and the right of the people to choose whatever system of medicine they might prefer. Maine also abolished her unjust medical law about the same time. Georgia repudiated medical authority by repealing her medical statutes, but did not stop at this. Georgia not only removed the barrier against medical freedom, but her leading statesmen, among whom were Governor Brown and Alexander H. Stephens, gave the Reformers their loyal support. Thus the Reform wave swept on until in 1841 sixteen States had repudiated medical authority by repealing all legislation against freedom in medical practice.

It must not be supposed, however, that the repeal of these laws was accomplished without effort or great labor on the part of the Reformers. It required years of constant watchfulness and toil and money and education of the people before results were obtained. It meant *organized* effort on the part of the advocates of Reform medicine. It meant unceasing alertness on the part of the proscribed. It meant all these before legislatures could be induced to wipe out the foul blots which medical authority had caused to be placed upon the statute books of the many States, and which it guarded with jealous eyes year after year.

Legislative bodies have to be informed of the base motives underlying the demand for medical legislation if equal rights are to be maintained before the law. Authority, always unctuous in demeanor and plausible in pretexts, religiously rubs its clammy hands and pleads for laws to protect the people while its real purpose is to destroy all opposition. Legislatures, sometimes blind to conditions, are often led to believe its hypocritical pleadings. With slanderous tongue it assails every method of treatment but its own. With lying lips it beguiles the unsuspecting into a belief that the health of the people can only be conserved by giving heed to the dogma of allopathy; and that all opponents to its uncertain, ever-changing and dangerous methods are dishonestly seeking for gain only; while the fact is, human life counts as nothing to this monster

which seeks to establish by law its death-dealing dogma and thereby secure its own selfish interests. It impudently arrogates to itself all rights to public office and with itching palms outstretched, tip-toeing, stands with face to the public crib. It fears comparison with other methods of healing and spends the time which ought to be devoted to the study of better methods of cure, in importuning Government to protect its unworthy life. It blatantly proclaims its false assumption of virtue and vociferously denounces its competitors. What it hates, it would by law deny a hearing before the people. Being full of malice it would persecute those to whom it denies the rights which it demands for itself.

But medical authority fears the people, hence its prodigious efforts to entrench itself behind Government. It knows that to submit the question of its stolen rights to the judgment of the people will mean its ultimate downfall. It realizes that it has been and is now being weighed in the balance. It knows the verdict will be—*found wanting*. Therefore, its last retreat must be behind the law.

It is our duty as well as privilege, as thinkers and workers having equal rights before the law, to go directly to the people; to keep in close touch with them; to teach them the weakness and danger of the Old as well as the strength and safety of the New; to show them by comparison the living proof of the New, and the unnumbered, premature dead as the result of blind adherence to a false and vicious system of medicine—a mummified dogma. The masses of the people are not the fools authority would have us believe. They see, they hear and they finally act. There are in the United States today something like twenty millions of people who have repudiated the dogma of allopathy, and this is what alarms. These are demanding a safer and saner method of healing. They are awake, active, and make converts. They must be reckoned with. They *will be* reckoned with.

The people have never asked for laws to protect any system of medicine. No system of medicine except allopathy has ever asked Government for protecting laws, and I do not believe they ever will; for every one of them is willing to submit its claims to the people and abide by their final judgment. They are willing to go down to oblivion if they are unworthy. If they contain merit authority cannot kill them. The people will not permit it. Let us speak, then, to the people.

Stephens.

The National League For Medical Freedom.

We call your attention to this organization because it has been instrumental in successfully opposing the recent attempt at legislation calculated to destroy every method of medical practice except allopathy. It has been the means of saving your "bacon" and mine

from the "worm" that never dieth; and if, in the future, our rights as medical practitioners are not violated it will be due to the fight this organization is making against the medical trust as represented by the American Medical Association. Our safety lies in the combined powers of all liberty-loving people. Therefore, we urge every Eclectic to get busy *now*. Send to headquarters of the League for application blanks (all you need) and literature. Get your patrons and friends to sign these applications and forward to the home office. Join the organization. Its costs you nothing unless you feel that this great movement for the rights of men, for liberty and justice deserves your financial support; then give financial aid in whatever amount you choose and can spare. But whether you and your friends give financial aid or not, send in your names and thus give the cause your moral support.

This struggle against restrictive medical laws which favor the allopathic school in medicine and would destroy all others is to be a gigantic battle, for all the power of authority and money possessed by the American Medical Association is being used to gain such laws, and therefore the greater the number of people opposing such legislation the less difficult it is to defeat it. This is no scare article but states a cold fact and depicts an actual condition confronting us today. *Do not forget.* Write today for the necessary blanks and do not stop until the last friend and acquaintance you have, who believes in justice and a square deal, have been enrolled as members. Address The National League for Medical Freedom, Ashland Building, 315 Fourth Avenue, New York City.—Stephens.

GERMS NOT OUTSIDE BUT INSIDE.—Dr. C. V. Chapin, Health Commissioner of Rhode Island, recently delivered an address before the Harvard Medical School, in which, as reported by the *Boston Post*, he said that disease germs are not bred in filth, nor carried about in dust, but that they are within you and are communicated by contact, especially by kissing. The man who conscientiously follows what is taught concerning germs has a mental rocky road to travel, for no sooner does he feel himself planted on what he thinks is solid ground than it heaves up beneath him and he must start on another quest for firm standing ground. The consequences of Dr. Chapin's assertions will be far-reaching if they are accepted. The belief that disease develops or originates within the person afflicted is more in accord with reason than the commonly accepted idea that it is an organized creature which enters from without. Dr. Chapin may be right in saying disease germs do not originate in filth, but disease does. Disease is probably a condition rather than specific thing to be seen under the microscope and analyzed in the laboratory; more the effect of violated law than of a toxin-excreting germ.—*Recorder.*

Original Articles**Vivisection.**

BY ALFRED W. HERZOG, PH.B., A.M., M.D.

Paper read before the Ethical Culture School, April 25, 1911.

Vivisection, as animal experimentation is generally called by those opposed to it, is that branch of medical science, which uses living animals in medical research work, for the purpose of solving questions in physiology, medicine and surgery, which can not be solved in any other way.

Anti-vivisectionists claim that animal experimentation is both useless and cruel. They deny that animal experimentation has done any good in the past, is doing any good in the present, or that it can do any good in the future.

It will be my endeavor to show to you that the claims of those opposed to animal experimentation are unfounded; not because I am one of those attacked; for I have not done anything in the way of animal experimentation in a good many years; but because I belong, first of all, to the human race, which derives so many benefits from animal experimentation; and secondly, because I am one of the many thousands of physicians who daily make use of the researches and discoveries made by the few hundreds of animal experimenters who have to stand the brunt of the attack. If I may seem harsh in my criticism of the anti-vivisectionists, it is not because I have any personal feeling against any one of them, for, while some are professional agitators, the majority are well-meaning, but misguided individuals, who should, if possible, be shown that while their kind hearts and sympathy with animals do them credit, animal experimentation prevents daily a thousand times more pain and suffering in human beings than it has ever caused in animals; and that as far as the useless destruction of animal life which anti-vivisectionists speak of is concerned, statistics show, that in New York City alone the Society for the Prevention of Cruelty to Animals destroys every year ten times more cats and dogs than are used all over the United States for the purposes of animal experimentation.

It was over thirty years ago, when my attention was first attracted to vivisection. Then, when I was a boy of twelve or thirteen, a pamphlet was handed to me, which very vividly described the cruelties, the barbarities, and the atrocities practiced in secret by these fiends in human shape, by these monsters, the vivisectionists. This pamphlet showed the dog, tied down on an operating table. It showed the vivisectionists cutting into another dog and appar-

ently gloating over the agonies the animal must be suffering. It showed an oven, which it was explained was used by the demons for the sole purpose of slowly baking animals to death, so as to enable the vivisectors to enjoy their death agonies in another form; and it showed other instruments, all seemingly to be used for no other purpose than to inflict useless pain. Then it showed the well-known picture of the Newfoundland dog saving the child from drowning; the picture of the poodle leading the blind and that of the St. Bernard dog, rescuing the traveler, lost in the snow. And then the question was asked: Will you stand quietly by and see man's best friend ill treated, as is constantly, daily done by these fiends, these demons, these monsters? And when, and where are they doing these things, you might ask?

When and where?

In the dead of the night, when so many fiendish tricks are perpetrated. Behind closed doors, in those torture chambers, which they call their laboratories. In secret, always in secret. Do you need any other proof, but what we have shown you? Have we not shown you the picture of the dog? Have we not shown you the picture of the dissecting table? The picture of the oven, of the knife, of other instruments of torture? What more proof do you want? Are we not telling you that they do these things in secret, always in secret?

At the time when I was initiated into anti-vivisection literature, I was studying in the Latin school in the City of Graz, Styria. This town is built around a small mountain, which in olden times was used for the purpose of defending Graz against the Turks. Once, so the story goes, a dog, by his actions, attracted the attention of the lookout to the approach of the Turks, and so, by his timely warning the city was saved. In commemoration of this event a life-like statue of the dog has been placed on a pedestal on the mountain. But this is not all. Everybody in Graz knows, and this is not fiction, but fact, that every night, just at midnight, when nobody is looking, the dog comes to life, and turns once, all the way around on the pedestal. You may go there and look, and seeing nothing, come back and try to brand my story as a fable. But how ridiculous. Did you not see the statue of the dog, just as I described it? And did I not especially tell you that the dog only turns around when no one is looking? It is the same with the stories of the anti-vivisectionists. They tell you what cruelties the animal experimenters are committing day after day. It is true that millions of people, even here in New York, live with their eyes wide open and never see anything of the kind. But the anti-vivisectionists know it is true just the same. How do they know? They just know it; they just feel it. That is all. Have they any actual proof? How ridicu-

lous of you to ask. How could they have? Did they not tell you that these cruelties are practiced in secret, when no one is looking, just like the dog, turning around on the Schlossberg in Graz?

Over thirty years have passed, but anti-vivisectionists still remain the same, nor has their literature changed a whit. They still use the same pictures, the same arguments, the same amount of imagination. Even up to thirty years ago animal experimentation had accomplished great things. During the last thirty years, however, medical science has, thanks to animal experimentation, thanks to the so-called vivisectionist, made most wonderful progress. Yet the anti-vivisectionists, true to their standard and steadfast to what seems to be one of their tenets, admit nothing. They seem to be the disciples of, what I think Goethe calls Mephisto, "*Der Geist der stets verneint*"—the Spirit who always negates.

But before drawing your attention to only a few of the things which animal experimentation has accomplished, it is only fair to question whether animal experimentation has any right to existence whatsoever? And here I admit that there is one viewpoint which may deny to animal experimentation the right to existence. But it is one which the anti-vivisectionists do not take, can not take, nor dare to take, for they do not claim to be Buddhists, do not claim to believe in the transmigration of the soul, are not vegetarians, do not object to the yoking of an ox nor the harnessing of a horse; do not object to the keeping of canary birds in cages nor against the exhibiting of animals in menageries, nor against the training of animals for exhibition purposes; nor do they cry out against the destruction of vermin, but only against experiments which are made upon animals for the purpose of either curing or preventing disease, either in human beings or in the animals themselves. Now, it must be admitted, that if we subscribe to the creed of the Buddhists, animal experimentation is absolutely wrong and has no right to existence, for the moment we subscribe to Buddhism we must admit that the life of an animal is as valuable as the life of a human being; and it is wrong to kill even one animal to save the lives of hundreds or even thousands of human beings. Wrong to inflict the slightest suffering on an animal which may harbor the spirit of our father or grandfather. If, however, we subscribe to or acquiesce in the standards of Judaism or Christianity; if we are not vegetarians from principle; if we admit that the life of an animal is less valuable than the life of a human being; then we have no cause to be against animal experimentation on principle, but we may have cause to be against animal experimentation, if we can prove not only that it has never accomplished the slightest good, but also that it never can and never will accomplish any good to mankind. Of course, if we believe what the anti-vivisectionists say, what they write, what they claim.

animal experimentation has never achieved the slightest results. And if the less you know of a subject, the better you are able to judge it, then we must admit that the anti-vivisectionists are competent judges, for admittedly, they have never practiced animal experimentation, nor have they ever been permitted to witness any such experimentation, for, as they claim, the vivisectionists practice all their cruelties in secret.

But let me draw your attention to a few of the things which animal experimentation has accomplished, a few of the results it has led to, and if the anti-vivisectionists fail to disprove even one single item enumerated by me, they must concede that animal experimentation is not useless; and then, all that remains for me to disprove is that animal experimenters are cruel.

Here are a few of the things to the credit of animal experimentation:

It is a well-known fact that Harvey discovered the circulation of the blood by animal experimentation. So also were demonstrated the influence of a vacuum, of oxygen, of carbonic acid gas on human life. Our knowledge of physiology would be practically nil without animal experimentation, for, although it is possible to study anatomy on the dead body, physiology can not be studied except on the living. So also has animal experimentation given us the knowledge which we at present possess of the functions of the various glands of the body, of the pancreas, the thyroids, the suprarenal glands, and the processes of digestion. Animal experimentation has taught us a great deal of a number of diseases connected with these organs. It is through animal experimentation that we have discovered a great many things in the diagnosis and treatment of such diseases as tuberculosis, anthrax, syphilis, diphtheria, typhoid fever, typhus fever, yellow fever, malaria, plague, cholera, hydrophobia, tetanus, septicæmia and pyæmia, and a great many other diseases. It is through animal experimentation that antiseptic surgery has **made** such strides, so that now operations, unthought of thirty years ago, can be performed with only slight danger. Certain diseases, which only a short time ago were fatal in nearly every instance, can now, by the aid of antiseptic surgery, due to animal experimentation, be cured. It is true, that not everything has been achieved, but this, instead of being an argument against animal experimentation, is only an argument for it; because it shows that the time has not yet come, when animal experimentation may be allowed to cease. Can it be possible that the anti-vivisectionists dare to deny the benefits to humanity derived from the discovery of the circulation of the blood, the knowledge of the causes of tuberculosis, diphtheria and all the other diseases enumerated by me? Can they deny that only by means of animal experimentation these results were obtained and

could be obtained? Can they deny that only by means of animal experimentation the various antitoxins for the cure and diagnosis of certain diseases can be manufactured? It seems impossible. But this is what they do, nevertheless. They deny that animal experimentation has any right to existence, as being both absolutely useless and utterly cruel. I trust that I have disproved the uselessness of animal experimentation. And even though we admit that a great many experiments give negative results, yet it is even through these negative results that we learn, and arrive by the process of elimination at positive findings.

Now as to cruelty.

First of all let me state, that the animal experimenter as such is never cruel, nor can he be cruel, for cruelty is the infliction of unnecessary pain. Yet, even though in some instances the animal experimenter may be obliged to inflict some pain, the fact in itself, that this is necessary, excludes cruelty. When I speak of the animal experimenter, I, of course, mean the physician or biologist, who, after having been well trained in medicine and its collateral branches and sciences, is well fitted to conduct such experiments which may be necessary or useful, and may lead to new discoveries in medicine or surgery—and not the cruel, degenerate child who pulls out the wings of a fly; nor the anti-vivisectionist whose anti-vivisection mania is nothing but cruelty; for he dwells in the sensations of cruelty while apparently combatting it; and who would like to be placed on a committee to investigate vivisection or animal experimentation so that he may witness the sufferings of animals, so as to enjoy the sensation.

But what is the real truth, what are the facts as to the pain inflicted in animal experimentation? First of all, the animals which are used for the purpose must be in good health, well nourished and well cared for. This is necessary for the purpose of getting good results. Secondly, of all the experiments on living animals, over 95% are no more painful than hypodermic injections, of which they mostly consist. Of the balance, nearly all of them are done, and must be done, for the sake of convenience, and again for the sake of getting good results, if not for the sake of humanity, under anæsthesia. And while, once in a great while an experiment is done without an anæsthetic, this is never done except the administration of an anæsthetic is absolutely impossible under the circumstances. And for that matter, the discovery of the anæsthetic effect of cocaine was the result of animal experimentation, and how much suffering has cocaine prevented every day during the last twenty-five or thirty years?

Neither the physician and surgeon, nor the animal experimenter are cruel. Cruelty may be due to insanity, to degeneracy. But the

degenerate does not experiment on animals to get results which are destined to lessen the suffering of mankind. He practices cruelty for the enjoyment which he gets out of the witnessing of the suffering of the animal or human being which he tortures. The animal experimenter does not torture. He may sometimes be obliged to inflict pain, but never does so when he can avoid it. In his laboratory he earnestly and faithfully labors to further medical science, to lessen the suffering of mankind. His discoveries are given to the physician, who goes into the highways and by-ways and uses the work of the animal experimenter for the purpose of curing and preventing disease in hundreds of children. The work of a few hundred animal experimenters is used by thousands of physicians on millions of people every year. Indirectly nearly all the medical discoveries, nearly all the medical and surgical advance of the last thirty years, are due to these few hundred maligned men. What have the antivivisectionists done in the same time for the human race?

Aconite.

BY G. W. THOMPSON, M.D.

I am not going to weary you with a botanical description of this plant, or describe the many chemical and pharmaceutical preparations that I know all of you are familiar with, but call your attention to some features of its action that have been partially, or entirely, lost to the younger physicians. In doing this I do not claim originality and am simply redressing an old figure.

There is an excuse for the doctors from colleges that do not teach *materia medica*, and who are carried away when they begin practice by well-advertised remedies and compounds of chemical houses and proprietary nostrums as cures for this and that disease, for knowing little or nothing about this drug; but for the members of the Eclectic school of medicine there is none. In calling your attention to the usefulness of aconite it is necessary to digress from the indications given as specific, for often they are feebly present, or not at all.

In tachycardia of the nervous young, where there are cold hands and feet and a dry skin with no fever, it is one of the best drugs that we have. Where there is irregularity in both rhythm and force, when not due to muscular degeneration, but solely due to cardiac neurosis, and the heart assumes the clinical form known as *delirium cordis*, also in *pulsus paradoxus*, when not due to pericardial adhesions, but due to functional cardiac irritation, it is very useful. In ventricular hypertrophy, when the systole is prolonged and the sphygmogram shows systolic termination in a broad plateau, due to intense muscular and nerve tension, as found in people who are never at rest, complete restoration to the normal will be obtained with rest

and aconite. In heart block, a symptom that is produced by too forcible contraction of the arteries, or marked resistance in the capillaries, causing too forcible closure of the aortic valves, and indicated by an arrest or a rebound, indicated in the sphygmogram near the termination of the diastolic downward stroke, or what is usually termed a presystolic wave, is remedied by the action of aconite on the vasomotor system, relieving the capillary and the arterial tension, and giving a free flow of blood. In extreme blood pressure, where the specific indication points to *veratrum viride*, in the full bounding pulse, aconite very often will give better results; and in the high tension pulse of *uremia*, aconite will discount *veratrum* in lowering it. In pneumonia I have seen the heavy pulse modified with a few small and frequent doses of aconite, where *veratrum* had failed, and have successfully used aconite during the course of pneumonia, watching the heart no more carefully than if aconite was not given. Aconite cannot be considered a hæmostatic in the broad sense, as many astringent drugs are, but I have seen cases of repeating and protracted hæmoptysis, where Styptic Balsam, Stypcine, Adrenalin, Ergot, Ergatol, Geranium, Kino, Rhatany, Cassia, Lignum Carbo, Opium and Plumbi Acetate, Sodium Chloride, clear and in normal salt solution, given as high enema and subcutaneously, have failed, relieved by aconite. I consider the action very largely accomplished by the action of the aconite through the vasomotors on the arterioles and capillaries, increasing the peripheral distribution of the blood, and reducing the pressure at the point of hemorrhage, where on account of the rupture, often due to weakened and diseased walls, the vasomotor control is lost, and often the hemorrhage starts in the beginning of the veins where there is little or no muscular fibers, and where the action of aconite is reduced to the minimum; this with the ragged edges of the vessels, and the coagulating tendency of an interrupted sluggish flow of blood, is the manner in which the drug brings about results.

I am satisfied that aconite is an eliminator, even when not given to its full physiological effect, as a remedy that will facilitate the action of alteratives in skin diseases, and in *ichthyosis*, where poor results were being obtained with bran mash baths, and *rumex crispus* given internally, good results were obtained when aconite was added to the treatment. I am satisfied that in all of the dry scaly skin diseases benefit will be obtained with the use of aconite by keeping an increased amount of blood at the periphery, giving a greater amount of tissue nutrition, a chance for increased chemical interchange, prolonged medicinal effect on diseased organs, and a greater advantage for the elimination of effete matter and toxic products at the points of elimination.

New York.

Tuberculosis.

BY C. S. ROBERTS, M.D.

Read Before The New Jersey Eclectic Medical Society, May 24, 1911.

As a body, we medical men are a singular set, in that we are unconsciously the greatest victims of a weakness that we are constantly deriding in others. To be more explicit, let it be said that we physicians are, in spite of our emphatic denials, the most whimsical of men. Regardless of how much we may strive to appear as being model conservatives, the fact remains that we are deplorably capricious—consummate extremists.

It would be absurd for us to deny the charge, for the evidence against us is conclusive. We are just as fitful in our views concerning the usefulness of remedial measures as is the slave of fashions concerning the suitability of her frocks or frills.

From the first chapter of the history of the healing art to the present one, we find, to what should be to our keen humiliation, a perfect succession of fads; in other words, subject after subject concerning which the most extravagant views have been universally held for at least a brief period. From the dawn of our science to the present moment, the hobby has been our greatest and most common curse; each day we cast off precisely what we had pronounced infallible only the day before; the panacea of yesterday is the joke of to-day with most of us who are endowed with a sense of humor.

To make more clear the grounds on which this assertion is based, it is only necessary to make mention of a few comparatively recent examples of sudden, unwarranted and almost complete reversals of professional view, each of which is sufficient to prove that we continually err as extremists and stand sorely in need of mental poise.

We have seen the hot poultice give way almost entirely to the ice-bag; not because of its demonstrated inferiority, but simply because of that fickleness which seems to absorb our minds as the cancer consumes our tissues.

More recently, we have viewed the casting off of antisepsis to an unwarranted extent and the embracing of asepsis to a corresponding extreme; not because the former has been proved entirely wrong and the latter entirely right, but simply because, as extremists, we lack that degree of moderation which is essential in order to properly estimate the value of measures that are somewhat dissimilar, yet decidedly advantageous.

Prior to the discovery of the tubercle bacillus by Koch, the prevailing practice was to resist tuberculosis by administering to the individual subject to the disease such drugs as have the property of arresting waste, augmenting vital resistance and promoting elimination of effete substances; in other words, we addressed our efforts

to the rescue of the endangered life. Since the discovery of the tubercle bacillus, however, we have become so imbued with the notion that prophylaxis is the all-important method of dealing with the malady that we pay scarcely any heed to the requirements of the individual patient. To express it by figure, we are so intensely bent on dodging bullets we no longer appreciate the importance of administering to wounds. Entirely too much thought is given to the prevention of tuberculosis and entirely too little to the treatment of this disease.

Too few of us seem aware of the fact that something more than the tubercle bacillus is always necessary to the development of tuberculosis. In the vernacular of the street, this germ has "got us going." Tuberculosis can not develop in the absence of the so-called predisposition. This much we know from the fact that the germ is everywhere and can not possibly be escaped. All of us carry the tubercle bacillus day in and day out on the mucous membranes of mouth, nose, throat and smaller air-passages, yet most of us escape tuberculosis. It is an established certainty that sound tissue is never infected, excepting under forced circumstances. In the absence, then, of susceptibility, there is absolutely nothing to fear from the tubercle bacillus.

In the treatment of tuberculosis, we find that most of our present-day failures are due mainly to the extremes to which we are, perhaps, congenially inclined. Just as soon as we awoke to the fact that wholesome food and out-door life are factors of far more importance than we had once imagined, our estimation of the value of drugs in tuberculosis diminished to such extent that we actually rival the "faith curists" in abstemiousness.

The totally illogical idea that deficient nutrition is wholly responsible for the high mortality in tuberculosis served to make popular one of the most injurious systems ever current, namely, forced feeding. Overloading the patient's stomach with eggs, fats, milk and oils, has sent many a tuberculous subject to an untimely grave. Time and again, death has been hurried solely because of an exhausted digestive system—an excessive allowance of food coupled with an inadequate allowance of drugs, a feast of the unneeded and a famine of the needed.

It is quite true that the intake of food in tuberculosis should always be sufficient to overbalance waste. But it is equally true that an undue tax should never be imposed on the digestive system. It is not the amount of food that is ingested which benefits the individual; it is the amount that is transformed into force. Consequently, individual capacity should, in every case, determine the amount of food allowed the patient.

Granting that wholesome food, sunshine and fresh air are

highly important to every subject of tuberculosis, the fact still remains that drugs invariably serve a valuable purpose; in fact, in this disease, as in all others, hygienic measures are most conspicuously beneficial when combined with the intelligent employment of drugs.

Furthermore, in dealing with tuberculosis, we should always bear in mind one very important fact, namely, that we can neither prevent nor cure the disease merely by increasing vital resistance. General robustness of the body does not, *per se*, confer exemption from tuberculosis; for, if it did, those beyond the prime of life would be decidedly more susceptible to it, which, as we all know, is certainly not the case.

We now know that there is in the blood-serum certain bodies, called opsonins, which serve to protect the body against bacterial invasion, and that the susceptibility of an individual to infection varies according to the amount of these bodies present at any given time. We know further that these opsonins are specific; that is, for each variety of bacteria there is required for its destruction the presence of a definite opsonic element. It is for this reason that persons, irrespective of the apparent degree of their vital resistance, escape one infectious disease in spite of prolonged and repeated exposures only to contract another after a seemingly slight exposure; the feeble often escape an infectious disease, while the robust rapidly succumb to it.

These well-known facts should suffice to warn us against the folly of placing too much reliance on a system of treatment of tuberculosis which consists solely in food and outdoor life. We should be mindful of the fact that the disease can not be cured unless we restore the opsonogenic powers of the system to the required degree. To do this, we must administer such remedial agents as will promote oxidation, or combustion, for germ-destruction can not take place while oxidation is subnormal.

Conceding the fact that diet and sunshine are of distinct benefit to every subject of tuberculosis, it is still certain that they are not all that is necessary. The popular disuse of drugs in the treatment of this disease is nothing more nor less than a fad; and, like the many that have come before it, it will eventually fall into disrepute.

New York.

Items from the Field of Neurology.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

Work is essential in the treatment of epilepsy, but the work must be selected with great care, so as to provide the muscular exercise combined with fresh air. Vigilance, to avoid putting the epileptic in dangerous places, is necessary, especially, when he has no aura, or one which does not occur early enough, so as to allow him to reach a place of safety.

Overfeeding, as well as feeding of improper food, must be avoided in the epileptic of every age. An unnecessary residue in the intestinal tract often furnishes deleterious substances for absorption into the general system.

Lerch claims that the aim of the diet in an epileptic, is to reduce the blood pressure, as well as to prevent the formation of toxic substances, which increase the pressure and irritate the centres and all the tissues and organs of the body.

A mental disturbance early in life, giving the picture of dementia præcox, needs careful treatment and care of the case in after life, if a successful result is to be obtained. Not all of these cases do well in an asylum; in fact, many will do better outside of asylum doors. A modified rest treatment, a congenial occupation, proper drug treatment, a proper nurse, a period of travel, will do much towards recovery.

Every case of tabes, whether seen early or late in the course of the disease, should receive the benefit of a full antisyphilitic course of treatment, if the Wasserman reaction is positive.

Men of affairs and responsibilities must be made to understand that a nervous system will not withstand the wear and tear at fifty that it would at thirty.

In patients with emissions the "hygiene of sleep" must be observed. In addition to the restriction of solid and fluid food in the evening, we must bring about a free bowel evacuation before going to bed, the bed should be hard and cool, the bed clothing light and no pillow for the head. The legs should be propped high. In drug treatment try *Staphisagria* with camphor monobromate, as well as "*glandulæ lapuli*."

Charcot described the tremor of multiple sclerosis as an "intention tremor," i. e., it does not appear during rest, but with intended

movements. This tremor is very distinct in the upper extremity, particularly in the hands, for example, if the arms hang down and are completely at rest, but as soon as the patient attempts to grasp any object, a tremor occurs which, during motion, will increase decidedly and is some time an actual shaking.

The most important mucous membrane reflexes are the eyelid reflex, which is the closing of the palpebral fissure on touching the conjunctiva; the retching reflex, which induces retching when you depress the tongue and touch the posterior pharyngeal wall with a brush; the sneezing reflex—an attack of sneezing as soon as the mucous membrane of the nose is tickled.

Venereal disease may produce insanity in some instances by mental worry of it. Syphilis causes marked mental disease of various forms, or it may give rise to epilepsy, idiocy, or general paralysis.

Genius and eccentricity are said to be allied to insanity. Genius of some kind is frequently met with in neurotic families, and occasionally a man is at the same time a genius and subject to insanity. Poets, artists, are often liable to symptoms of insanity, the blaze of brilliancy being often followed by a gloom of nervous exhaustion, but still little genius, if any, is met with in asylums among the chronic lunatics.

Visual phenomena in traumatic neurasthenia are very interesting. The first is subjective asthenopia. When the patient is tired, he complains that the whole field of vision becomes misty. Subjective color sensations are common, and appear as blue, or red flashes in the visual field, most commonly towards the left side. A peculiar pain in the back of the eyeball is often felt, the pain is dull, aching and felt at the back of the orbit.

Certain cases of chronic alcoholism are very similar to cases of general paralysis.

The name “mania à double forme” has been applied to cases in which mania alternates with melancholia, the alternations being daily or of longer durations. Stupor occasionally alternates with melancholia and in circular insanity the patient again and again passes from mania to melancholia; the circuits in a given case occupy as a rule a uniform period.

Tumors of the pons produce symptoms according to their size and location. If situated high up, a crossed paralysis similar to that

produced by a lesion of the crus would result. If lower down, motor and sensory paralysis of the arm and leg on the opposite side, with paralysis of the fifth nerve on the same side as the lesion.

Adiposis dolorosa is a disease characterized by the deposition of fat in various parts of the body. It differs from myxedema in the freedom from changes in the face, hands, feet and the absence of marked mental symptoms and the presence of pain.

Charles Bourrete in "Lyon Med." reports a case of cerebral abscess of interest because showing "hippus." The patient developed an abscess of the temporal lobe, secondary to chronic otorrhea, with ultimate involvement of the mastoid cells. A week after the mastoid operation she began to vomit, and there was obstinate constipation, rise of temperature and slowing of the pulse to 48 or 50. At the same time "hippus" appeared; the left pupil became dilated and showed spontaneous and rhythmic movements of contraction and dilatation. These movements were not synchronous with the respiration or pulse. There was no hemianopia. On opening and draining the abscess, the hippus disappeared, but appeared again a week later with signs of meningitis.

Hippus has also been reported in hysteria, hysterio-epilepsy, chorea, epilepsy, general paresis and multiple sclerosis.

70 Rogers Avenue, Brooklyn.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Clinical and Laboratory Study of Drugs.

In a terse article on this subject, Dr. Harvey Wickes Felter, editor of the *Eclectic Medical Gleaner*, points out a number of important facts that are rapidly becoming the positive convictions of our most successful practitioners. The leading members of the Eclectic school have always maintained a rational position in regard to the relative importance of laboratory and clinical study of remedial agents. While recognizing the great value of the former, we have at the same time insisted that our most useful knowledge of drug action has been derived from the latter source. Some physicians of the older school have often taken a partisan position

in regard to this matter, evidently deeming it necessary to belittle the clinical experience of the general practitioner of medicine in order to more forcibly commend the achievements secured in the laboratory, but most of these men, after fuller experience in treating the wrongs of life, have been forced to acknowledge the correctness of the position taken by the Eclectic school of medicine. In his editorial, Dr. Felter well remarks as follows:

"Slowly the pendulum swings backward and medical men are beginning to realize that when they left the well-trodden track of clinical observation for the untried and venturesome path of the laboratory they paved the way to the widespread medical nihilism of to-day. Perhaps we ought not to say of to-day, but of yesterday, for the signs of a return to their first love are now apparent every hour. Recognizing the value of the laboratory as an accessory in diagnosis, yet are the Eclectic physicians few who have been captivated by the brilliant methods of research in the physiological action of drugs. Almost to a unit have Eclectic teachers and writers clung to bedside experience for their knowledge of the effects of drugs. Physiological action upon animals has never furnished them the important clues to the direct action of medicines that have come from the use of the latter upon human beings in sickness. It is, therefore, gratifying at least to know that such a leader as Professor Hare, who, it has seemed to us, has always shown special sanity in therapeutics, has come out in defense of the older and better way of practical clinical therapeutics. That his words are being listened to is evident from the following abstract from a recent issue (June 17th) of the *Lancet-Clinic*, which says:

"That there is a wide revolt among medical men against rigid adherence to the doctrines of authors on therapeutics who claim that only the physiological action of a drug is of any importance in studying its effect, the recent address of Hobart A. Hare before the Ohio State Medical Association brings out most forcibly. We have been too content to follow the 'authorities,' who cared naught for practical therapeutics; and men are beginning to realize what really caused the wave of therapeutic nihilism, which is happily receding at present. The needs of man, it is seen, are different from the needs of the guinea-pig; and it is true 'great caution must be used in applying the results obtained experimentally in therapeutics.' The effects in a healthy organism differ decidedly from those in the presence of disease.'"

In commenting upon the above referred to address of Professor Hare, Dr. J. K. Scudder, editor of the *Cincinnati Eclectic Medical Journal*, pointedly says:

"When such an eminent authority as Professor Hare sounds a warning against too much study of the toxic effect of drugs on

lower animals it is time for some of the *asinine* members of the Council of Pharmacy of the A. M. A. to cease *braying* and sit up and take notice.

"To reject such valuable Eclectic agents as echinacea, cactus, helonias and many other valuable plant remedies because they show no physiological effects on animals is equally preposterous.

"We do not object to the study of the physiological effects of drugs as a means to an end—the determining of *medicinal action in small doses.*"

Œnanthe Crocata—Water Dropwort.

Œnanthe crocata, in small and medium doses, is a stimulant and antispasmodic of considerable power, but in very large doses it is a poison of decided activity.

Œnanthe has been employed in diseases characterized by debility of the sympathetic nervous system with gratifying results, and in diseases in which malnutrition of the brain or spinal cord constitutes a prominent factor, it has proved a useful medicament. Œnanthe has also been used with much benefit in indigestion, and its effects have been especially marked when the abnormal state was associated with vertigo or giddiness.

In epilepsy œnanthe crocata has sometimes proved curative, but I have never been able to discover indications which would enable one to distinguish the œnanthe cases from those in which the drug has failed to exert a beneficial influence. While the results obtained from the use of œnanthe in this terrible disease have not been such as to justify the belief that it will prove a specific *for* epilepsy, we certainly know that it has cured some cases of this spasmodic abnormality and therefore it may well be deemed a remedy *in* epilepsy. It is probably the most effective when there is anemia of the brain and spinal cord. In one case a boy, ten years of age—the bromide of ammonium would control the fits, but as soon as the salt was discontinued, they would return as frequently as before it was employed. I finally prescribed five drops of specific œnanthe in four ounces of water, a teaspoonful of the dilution to be taken every hour until six doses had been administered, when the medicine was to be given every three hours. At the end of three days the patient complained of a slight headache, but he had been free from epileptic attacks from the beginning of the œnanthe treatment. The time of administering the medicine was then changed to every four hours, and so continued for six months, during which time the boy's mind became more active and much improved in every way. The disease has never returned, although it is now more than three years since the drug was discontinued.

In writing to the *Cincinnati Eclectic Medical Journal*, Dr. John

Fearn, the well-known author and therapist, speaks of his experience in the use of *œnanthe* in part as follows:

"I have always used it in very small doses. Many years ago a physician wrote me asking for help in a very sad case, a young boy. I prescribed specific medicine *œnanthe crocata*, drops 10; aqua destil., ʒ4; M. Sig. ʒi four times a day. In a few days I received a letter saying every time he took the medicine it gave him a severe pain in the head. I again wrote telling them to give the boy one-half the dose in a little water. When they reported again it was to say the boy was using the medicine to great advantage, and the last message was that he was entirely relieved. *œnanthe crocata* is a stimulant and tonic to the brain and to the spine, and can be used in many serious diseases besides epilepsy. But I am sure we must be careful not to make the dose too large. And so far I prefer to give the remedy singly. A brain and nervous system starving for want of blood, its natural pabulum, can be wonderfully helped by this remedy. Eye troubles, incipient locomotor ataxia, and where we want to rejuvenate a loggy brain after paralysis, are some of the fields where we can use this remedy to advantage, but with me the dose must be carefully adjusted. *Fyfe's Specific Medication* gives the best information on this drug I know of."

Concerning Lobelia.

Mattson, 1841, in his *American Vegetable Practice*, states that "there is abundant traditionary evidence that lobelia was used by the Penobscot Indians long before the time of Dr. Samuel Thomson, its reputed discoverer, but with the exception of that tribe, I have not been able to discover by any researches I have made that the American aborigines had any knowledge of its properties or virtues." Samuel Thomson, whose name is so closely linked with that of lobelia as never to be dissociated therefrom says, "It has never occurred to me that it was of any value in medicine until this time (1793)," and also, "In the fall of 1807, I introduced lobelia, tinctured in spirit, as a remedy in asthma." Mattson, however, 1841, insists that its use by the people of New England was long before Thomson's time, reciting that "Mr. Phillip Owen, now eighty years old, relates that when a boy he was sent into the field by his mother to collect some lobelia for a child, sick with quinsy, and that the herb, administered in the usual manner, afforded speedy and entire relief." The publication in which this occurs, dated 1841, shows that lobelia was a domestic remedy in 1770. Other evidence (see *Drugs and Medicines of North America*, pp. 83-89) indicates conclusively that lobelia was a domestic remedy with the settlers of North America before the day of the noted empiricist, Samuel Thomson, who, however, gave to it the conspicuity it has enjoyed

for over a hundred years. It is this writer's opinion that lobelia will yet be shown to be one of the most valuable of all the remedies native to America.—*John Uri Lloyd, Phar. M.*

As is shown by the above quotation from *Mattson's Vegetable Practice*, Thomson had no more to do with the discovery of lobelia than he had with the founding of the Eclectic school of medicine. Traditions handed down to the descendants of New England housewives of ye olden time make it quite clear that Thomson obtained from them the little knowledge he possessed of lobelia and the few other plant remedies employed by him.

Alnus Rubra—Tag Alder.

Alnus is one of the plant remedies employed by the old Eclectics with good success, but which are now seldom or never mentioned by our journal writers. Wooster Beach and his associates, deemed it a good remedy in affections characterized by "impure blood," and found frequent occasions for its exhibition. Grover Coe said that he esteemed it "one of the best simple alteratives and resolvents possible to be employed in scrofula, cutaneous eruptions, and in all affections arising from a vitiated condition of the blood and fluids."

In medium doses alnus is an alterative tonic and astringent of moderate energy. Its continued use improves nutrition, and aids in the removal of worn-out substances. In suppuration of lymphatic glands it has proved useful, and in chronic skin diseases it is employed with advantage. Breaking down of surfaces, resulting in ulceration of the skin, mouth or throat also come within the range of its corrective influence.

The dose of specific alnus (or a good fluid extract) is from 10 to 30 drops.

Endeavor to be patient in bearing with the defects and infirmities of others, of what sort soever they be; for that thyself also hast many failings which must be borne with by others. If thou canst not make thyself such an one as thou wouldst, how canst thou expect to have another in all things to thy liking?—*Thomas a Kempis.*

The University of Michigan announces a new medical course; one which will give the graduate the degree of P. H. D., i. e., Doctor of Public Health.

Selections

A Promising Agent in Hay Fever. .

Dr. J. E. Alberts, of The Hague, Holland, undoubtedly performed an important service when he directed the attention of the medical profession to his new combination for the treatment of vasomotor rhinitis. We refer to the combination now known as Anesthone Cream, which has heretofore been briefly noticed in these pages, and which contains one part of adrenalin chloride to twenty thousand (1:20,000), and ten per cent. of para-amido-ethyl-benzoate, and is marketed in the form of an ointment.

Applied to the mucous membrane of the nares, Anesthone Cream has a persistent anesthetic effect which affords marked relief in hay fever. As para-amido-ethyl-benzoate is only slightly soluble in aqueous fluids, its anesthetic action is prolonged. It does not have the poisonous effect of cocaine upon the protoplasmic element of cells, nor does it depress the heart. Furthermore, there is no tendency to "habit" acquirement.

The preparation came into considerable use during the hay-fever season of last year, the consensus of opinion being that it affords a very practical and satisfactory means of relief from symptoms due to hyperesthesia of the nasal mucous membrane, and without ill effects—an important consideration. The fact that the relief continues for several hours in some cases is worth remembering, in view of the fleeting effect of most local anesthetics.

Anesthone Cream is supplied in a collapsible tube with an elongated nozzle to facilitate its application to the nasal mucosa, a portion of the cream about the size of a pea being applied three or four times a day, as may be necessary. It is marketed by Parke, Davis & Co. Whether, as an agent in the treatment of hay fever, it will attain the vogue reached by some other preparations put out by the same company—notably Adrenalin Chloride Solution and Adrenalin Inhalant, which have been before the medical profession for a number of years and thus have the advantage which pertains to priority—remains to be seen. At any rate it is worthy of a fair chance, which, of course, in the long run it is certain to get.

Diatribes Fallen Flat.

The literature on American antipyretics, analgesics and anodynes is voluminous, and clinical reports from prominent medical men in all parts of this country, with society proceedings and editorial references, attest their value in actual practice in an endless variety of diseases and symptomatic affections, such as the neuralgias, rheumatism, typhoid and other fevers, headaches, influenza

and particularly in the pains due to irregularities of menstruation. Antikamnia has received more favorable criticism because of its success than any other remedy known. Some critics have seemed personally aggrieved because of its American source, and that it did not emanate from the usual "color works," but their diatribes have fallen flat as do most persecutions and unreasonable and petty prejudices. The fact stands incontrovertible that antikamnia has proven an excellent and reliable remedy, and when a physician is satisfied with the effects achieved with a remedy he usually holds fast to it. That is the secret of the antikamnia success. The dose is from one to two five-grain tablets. Antikamnia Tablets are to-day in greater use than any any other remedy of their kind.

Technique of Stomach Examination.

By SAMUEL G. STEWART, A. M., M. D., Topeka, Kan.

The technique of stomach examination is so simple that any physician should be able to become master of what is now known of the methods in practice.

Methods of stomach examination are external and internal. By external, we mean inspection, percussion, palpation and auscultation. By internal methods, we refer particularly to the various tests and examination of the stomach contents through the use of the stomach tube.

Perhaps the test most frequently used is that of the test meal. After two or three hours after the ingestion of this meal the contents of the stomach are withdrawn and examined in order to determine whether the fermentation has been decomposition by putrefaction or whether by the digestive ferments.

To determine the power of absorption of the stomach the iodide of potassium test is the one most frequently used. A five grain capsule of the iodide of potassium is taken into the stomach, and after an interval of fifteen or twenty minutes test paper is moistened with the saliva of the patient, a drop of fuming nitric acid is placed on the moistened test paper, and if iodine is present a blue reaction appears. Many conditions of the stomach may interfere with this test and prevent its success. The glandular structure may be covered with thick mucus as the result of degenerative processes in the glands of the stomach, for example, so this method cannot be depended upon as a perfect test of absorption. If the stomach were washed freely by siphonage before making this test the results obtained would be more reliable.

The salol test is employed to determine the motility of the stomach. The particular value of salol in this test is due to the fact that it is not dissolved or split up by the stomach juices; but after passing over

into the intestinal tract and absorption takes place, a urine test will determine whether the salol has been acted upon.

An obstructed pylorus and a dilated stomach would prevent the success of this test because the contents would be in a state of putrefaction and because of stenosis of the pylorus passage into the intestines would be prevented and the test rendered valueless. A catarrhal inflammation of the intestines and obstruction of the biliary and pancreatic ducts would have the same effect.

Concerning the size of the stomach, this may be determined in various ways. The methods most used are those of the water test and distension by gas. The introduction of a rubber bag distended with gas will show the size of the stomach. Water poured into a stomach that is seriously diseased would be objectionable and possibly dangerous.

The length of time that food remains in the stomach and the progress of digestion give us more information concerning the motility of the stomach; and the character of the contents that are withdrawn by the tube is a better guide of the degree of absorption than any other test.

Palpation is of the greatest importance in determining the presence of tumors of the stomach. By the electric light as used by Dr. Einhorn, tumors may be easily outlined when situated in the anterior portion of the stomach.—*The Medical Brief*.

Again the Hay-Fever Problem.

Whatever else happens, or fails to happen, here is something that always bobs up at the appointed time. Taxes are not more certain and insistent. Sooner or later every physician has this problem to solve. The trouble is, it doesn't stay solved. The long-looked-for hay-fever specific has not yet arrived.

Undoubtedly the most successful way to treat hay fever is to send the patient where he will not be exposed to the particular pollen to which he may be susceptible—to prescribe a sea-voyage, for instance, or a change of climate. In this manner temporary immunity, at least, is obtainable. Unfortunately, very few patients, comparatively, have at their disposal the necessary time and means for travel. In nineteen cases out of twenty the physician must fight the intractable disease with such weapons as pharmacology and pharmacy have placed in his hands.

Of the remedial agents in the possession of the medical profession the suprarenal substance has proven itself by far the most efficient. While not attaining to the dignity of a specific, it is at least a satisfactory palliative. It successfully antagonizes the symptoms of the disorder and gives the patient a temporary comfort that is not to be de-

spised. It is probably best used in the forms of Adrenalin Chloride Solution, Adrenalin Inhalant, and Anesthone Cream.

The two preparations first named—the former diluted with four to five times its volume of physiological salt solution, the latter with three or four times its volume of olive oil—are sprayed into the nares and pharynx. Any good atomizer that is adapted to oily or aqueous liquids (preferably, however, one that throws a fine spray) may be used. As to the comparative value of the preparations for the purpose named, it may be said that the Solution “takes hold” more promptly, while the astringent effect of the Inhalant is more lasting.

Anesthone Cream is a much newer product, having been introduced to the profession, if we mistake not, in the early months of 1910. Nevertheless it made a great record for itself during the hay-fever season of last year. Few medicinal preparations, indeed, make their début so auspiciously. The formula came from a prominent practitioner of The Hague, Holland, and combines Adrenalin Chloride and Para-amido-ethyl-benzoate in a bland oil base. Right here some reader may inquire: “What is Para-amido-ethyl-benzoate?” Ask Parke, Davis & Co. They have printed matter which answers this very question. Write for it. Write the company, too, for its literature on hay fever, addressing your request to the home offices in Detroit, Mich., and mentioning this journal. You will get some useful and interesting information.

A Tissue Nutrient for the Summer.

Oft times during the summer, the physician is put to his very wit's end to find a tissue nutrient for his tubercular and debilitated patients; one that will agree with them during the hottest weather. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) by reason of its palatability and the ease with which it is assimilated, is the ideal agent of this character not alone in the summer but at all other seasons.

Remember one thing in tabes: Never confine your patient to bed for any period of time; if you do, you will increase the ataxia; exercise the legs, outdoor life, free from worry, free from alcohol, tobacco, tea or coffee, and no mental or sexual excitement should be permitted.

Septic endocarditis may result from a localized osteomyelitis that has gone on to spontaneous cure.—*American Journal of Surgery*.

Scientific arrogance is the mother of ignorance.—*Burggraeve*.

Items

"Practical Surgery," a volume of nearly nine hundred pages, by B. Roswell Hubbard, M.D., Professor of Surgery in the California Eclectic Medical College, Los Angeles, will be off the press about September first. The subject matter is original and up to date. Unnecessary time and space has not been given to the description of surgical ailments, disputed theories being omitted. A distinctive feature of the book is the treatment of surgical conditions with *specific* remedies from the standpoint of specific diagnosis. Directions for the execution of operative work are clear and comprehensive. It is a book for the busy practitioner and the student will find within its pages definite advice that will aid him materially in his pursuit of surgical technic. The aim of the work is to be practical and the methods of treatment advised is such as the author has found to be the most successful during a period of thirty years in both general and hospital service.

The *Nebraska Medical Outlook* makes a neat appearance, and its contents afford an abundance of evidence of the fact that Nebraska Eclectics are men of ability and thoroughly imbued with modern Eclecticism. The *Outlook* is published at Bethany, and edited by Drs. E. J. Latta and C. W. Jester.

The new Pennsylvania one-board law calls for the appointment of the members of the examining board by the Governor, and provides that the membership shall consist of several *ex-officio* members and five physicians—one from the Eclectic, one from the Homeopathic and one from the Old School Societies of the State. The other two members must be legally qualified physicians, but shall not both be of the same school.

The Connecticut Eclectic Medical Examining Board held its July meeting on the 11th ult., and examined several candidates. This Board meets on the second Tuesdays of March, July and November.

In a letter to Dr. Fyfe, Dr. Boskowitz says that he already feels benefited by his European trip, and that he hopes to return home with much of his old time strength and energy. This will prove delightful news to the Professor's numerous friends.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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Hints and Winnowings.

In England an organization known as the "Royal Commission on Tuberculosis," has devoted the last ten years to the consideration of the various phases of tuberculosis, paying special attention to the dangerous effects of the disease on cattle and the dairy business. The results brought about by the investigations of this commission, according to the comments of the English lay press, have been no less expensive, nor more practical, than those derived from the labors of some of our own investigating committees. After this long interval of research and expenditure of a great sum of money, the people naturally expected that some new remedy or procedure, or some additional knowledge in regard to "the white man's cattle plague," would be brought forward by the commission, but nothing of the kind has occurred. It has, however, succeeded in securing experimental confirmation of a doctrine persistently enunciated by the early Eclectics; namely, that of innate vital force and resistance, upon which depends whether we are to be healthy or unhealthy, and whether we are to have a long life or a short one. In further confirmation of this doctrine the commission in its third report says:

"We are led to the conclusion that in the case of the calves described, while the pathogenic energies of the bacilli injected were the same, the powers of resistance of the calves were different."

After commenting upon these self-evident facts, the *London Times* remarks as follows:

"Thus far then, the Royal Commissioners may be congratulated on this single achievement. They have shown that it is not age, nor weight, nor condition of health, nor dose—except in a qualified sense—which determines whether a calf shall contract tuberculosis or not. It is the constitution of the animal itself. But having reached that important result why did they not see the next vital step in their investigation? The one step that could have rid us both of tuberculous milk and unloved officials! Having found calves that were immune to large doses of the tubercle bacilli, it was vitally necessary to determine experimentally whether that immunity was congenital and hereditarily transmissible

to the descendants. For if it were—and of that there is little doubt—a race of cattle immune to the ‘white man’s cattle plague’ can be reared. The bovine disease will then become merely the memory of a name and but the shadow of a once-dreaded reality. There will be no need then for overseers nor for the incubus of taxation which ever follows in their train. Let us set to and produce herds of innately healthy cattle and not armies of officials. For along that line, both for cattle and for man, lies national worth and industrial progress. Along any other road, national decadence and economic decay await us.”

Having failed to annihilate the Eclectic School of Medicine by absorption, the medical politicians and schemers are now classing us with fanatics, cranks and fakirs in general, with the hope of keeping students from our colleges, and by this dishonest means retarding our growth, and thus decreasing our means of supplying the large number of eclectic physicians now urgently demanded by the people in all parts of the country. This nefarious action, however, will prove to them a boomerang, and do us much more good than harm. The Eclectic School, despite the wishes of these self-appointed guardians of the medical profession, will continue to grow and live just as long as it is needed by suffering humanity. It is earnestly and intelligently devoted to the study of *materia medica* and the cure of disease by the means of pleasant medicines prescribed in accordance with the firmly established doctrine of specific diagnosis and specific medication—the doctrine that alone distinguishes the Eclectic from the other schools of medicine. While the older school of medicine has lost faith in drugs as a result of not properly studying modern *materia medica*, eclectics, year by year, are becoming more and more thoroughly grounded in our principles, as well as more proficient in the employment of our remedies, which include every drug that our experience has proven of value in the treatment of pathological conditions, regardless of the source from which it was obtained.

There are now located in many places throughout the country temporary abodes occupied by laborers who are employed in building and repairing railroads, State highways, reservoirs and other public works. As a result of ignorance or carelessness these camps are liable to become a menace not only to the health of the laborers who occupy them, but also to the inhabitants of the towns in which they are located. It is therefore clearly the duty of local health officers to see that the camps referred to are maintained with strict regard to sanitation in every particular. This action is imperative, and special attention should be given to camps which are so situated as to be liable to pollute any public water supply. The energetic action of health officers in regard to this matter is

of the utmost importance at this time of the year, when typhoid fever may be prevalent, and it is especially demanded just now when there is more or less danger of an importation of cholera.

As shown by the official records presented at its meeting in Los Angeles, June, 1911, the American Medical Association has a membership of 33,960, and 54,957 subscribers to its *Journal*. Its gross revenue is \$450,305.47; its net revenue \$119,763.98, and, after making deductions for several losses, it still has an annual income of \$51,994.17. Its total investments amount to \$118,868.47, and its real estate, buildings and plant are valued at \$288,833.66. The Association, or rather its managers, are constantly reaching out and increasing its activities, including attempts to influence legislatures, and even national legislation. In addition to its *Journal*, it now publishes the *Archives of Internal Medicine* and the *Journal of Diseases of Children*. It is soon to begin the publication of the *Archives of Surgery*, and it contemplates publishing a small, newsy medical journal and a health journal for the laity. The publishing of *official* one-volume text-books to be used in old school colleges is also under consideration.

In the trial of a case in a Boston court charging cruelty on account of leaving a big greenback turtle on his back, Prof. R. A. Yerkes, testifying as an expert witness for the prosecution, declared that a turtle possesses memory, displays marked curiosity, is vastly more intelligent than a fish, has a highly developed nervous system and is exceedingly sensitive to the touch and to changes in temperature. He also said that if the turtle was left upon his back it was cruel, as there would be great pressure on its circulatory system. The defence then introduced a statement made by the curator of the New York Zoological Gardens, to the effect that when a turtle is placed right side up out of water its weight so presses against the under shell that it is forced against the lungs and the turtle soon dies from inability to breathe. Evidently these gentlemen agree about as well as expert witnesses usually do.

The records of the Health Department of this city recently published show that in the so-called fashionable section of Fifth Avenue, from Washington Square north to 150th Street, there were but eleven babies born in 1910, and in 1909 only seven. In contrast, 147 and 154 births in 1909 and 1910, respectively, were recorded in 35 blocks above 150th Street. For a residence district, lower Fifth Avenue's birth record is believed to be the lowest in the world.

Now the whole thing is all "doped out." The white man has got to go, for Prof. Lionel W. Lyde, in an exhaustive and exhausting paper, says so. The white man cannot live in tropical coun-

tries, but the colored races can live in all climates without detriment or danger to themselves. At the same time they are immensely more fertile than the whites. The dark-skinned races are bound to encroach constantly—until they have shouldered the white man off the earth. Truly, the professor is handing out a rather cheerful prospect, but in view of his proposed “shouldering off” business, one is likely to wonder how the white man has ever got where he is. Nothing but his superior brain has ever got him at the head of the earth’s affairs. What about his brain helping him to make good as the biggest man on the job?

It is not generally known just how much time is covered by the term “quick as a wink,” but science tells us that a wink requires but .304 of a second. To the naked eye it seems that the lid opens and closes with equal rapidity, but it has been proved by photographic tests that it requires more than twice the time for the lid to open. Of course this applies to the normal wink. A photographic record of the time required for a wink has been obtained by pasting a piece of paper over the eyelid.

While Dr. Boskowitz saw but few eclectics in London, he found that they are quite numerous throughout England, and that they have recently established a college for the instruction of students. In England our friends still retain the name of “Herbalists.”

It is now well known that the mechanical methods of treatment called osteopathy originated with physicians in London, England, as long ago as 1861.

J. W. F.

Medical Authority in America.

The first National organization of Reformed physicians was formed in the City of New York. It was called “The Reformed Medical Society of the United States.” Dr. Wooster Beach was its president. Associated with Dr. Beach were two men who were destined to play an important part in the propagation of Eclectic Principles in the West—Dr. Thomas V. Morrow and Dr. Ichabod G. Jones. When it was decided to extend the field of operations westward these men were selected to carry the gospel of Eclecticism to the new territory.

The first Reform College in the West was established at Worthington, Ohio, with Dr. Thomas V. Morrow at its head. This college was opened in 1831 and its sessions were to continue for ten months, being divided into two terms. This was a longer session than was usual in medical colleges at that time and therefore Eclecticism was a pioneer in an effort to establish the medical profession upon a better educational basis.

The opening of a college at Worthington, Ohio, for teaching eclectic medicine was the signal for the usual malicious attacks of medical authority upon whatever was opposed to the old school practice. The self-styled *regular* physicians become aroused to a degree of vindictiveness and hatred limited only by their power to destroy. They made war upon the new school and its faculty, which was characterized by unremitting, unrelenting hostility, marked for its bitter animosity and utter malignity, and which eventually terminated in murderous cruelty, in that, authority incited to mob violence, and instigated a riot which ended in the sacking of the college in 1840. This was all brought about through the malicious lies promulgated by medical authority for the purpose of destroying the school.

Dr. Alexander Wilder, in *History of Medicine* says: "The medical department at Worthington was conducted with signal ability. It speedily became the object of attack, characterized by diabolic malignity as though to engulf it in the poisonous current of spite and calumny."

The Worthington school was closed in 1842 and the center of operations was transferred to Cincinnati. In this city was established, "The Reformed Medical School of Cincinnati" which was conducted for a time without a legal right to confer the degree of Doctor of Medicine. It was finally decided to ask for an Act of Incorporation. "An application was accordingly made to the General Assembly for legal recognition. This application was signed by the Mayor of Cincinnati, members of the City Council and eleven hundred citizens of that city." This called forth another avalanch of malice from allopathy. The management of the Medical College of Ohio exerted every effort to defeat the measure. Authority put forth its entire energy, both social and political to kill it. Authority attempted to obtain signatures to a remonstrance but failed almost completely, as less than sixty individuals signed their names to it, and many of these were physicians of their own class. One Dr. O'Ferrall, chairman of the Committee on Medical Colleges and Medical Societies, in the Assembly, was so blindly vindictive that he declared that: "Medical science does not need, nor is it susceptible of further improvement or reform."

The shafts of malice and slander fell harmless, however, and by an act of the Legislature the Reform Medical School of Cincinnati was transformed into the Eclectic Medical Institute, and Cincinnati became the field whereon the forces of Eclectic medicine were to fight their battles for medical freedom.

Dr. Morrow, in announcing the successful incorporation of the Institute, said: "The passage of this bill for the establishment of a Reformed Medical College by the great State of Ohio, is but another of the long list of evidences showing the rapid progress of light among the people on the subject of medicine, and the growing pros-

pects of the Reformed Practice. Our College will be strictly what its name indicates—ECLECTIC—excluding all such medicines and such remedies as, under the ordinary circumstances of their judicious use, are liable to produce evil consequences, or endanger the future health of the patient; while we draw from any and every source all such medicine and modes of treating diseases as are found valuable, and at the same time, not necessarily attended with bad consequences.”

Dr. Morrow, in a presentation speech, acknowledging the steadfast, loyal support given the work of eclectics, by Colonel Kilbourne of Ohio, said: “We were assailed on every side by the mass of the medical profession; and were regarded with an eye of suspicion by the people. . . . Since then, by the aid and influence of the friends of this benevolent enterprise, and the assistance of others having kindred objects in view, the illiberal and intolerant spirit of Medical Monopoly has been rebuked on every side. State after State has marched forward to the noble work, and blotted out—it is hoped forever—from their statute-books, all laws granting exclusive privileges to one class of medical practitioners to oppress another; thus placing each class before the community on its proper merits.”

Alas, how mistaken his thought; how dulled his hope! He failed to take into account the fact that everything brings forth after its kind, and that authority ever hatches a brood true to its blood. He failed to grasp the fact that each generation has the same battle to fight; the same enemy sulking along the path. State after State *had* gone forward unto the repeal of unjust laws; and following this, with hope ascendant, vigilance was relaxed: Eclectics, believing themselves secure from further adverse legislation, lulled into a quiescent state by the soft purr of the feline, dozing in the uncertain light of pretended good-will have permitted the noose to be placed once more around their necks. We are beginning to feel the binding sensation of the rope. As yet half asleep, we dream. The dream is disturbing, but the eyelids are held down by a lethargy induced by the soft, soothing lullaby of the *Stranger*. When we awake fully, we will find the excoriations made by the noose difficult to heal. *It is time to get up; time to gently feel of our necks.* Stephens.

Bromide of iron is a most valuable remedy for chronic diarrhea. *Summary.*

Packing the cavity of a decayed tooth with a little capsicum on cotton will give almost instant relief.—*Summary.*

For stomachic flatulence and acidity, Dr. Ringer recommends glycerin, one or two drams several times a day in tea, coffee or water with food.—*Summary.*

Original Articles**Cancer, Carcinoma.**

BY O. A. HYDE, M.D.

*Read at the meeting of the New York State Eclectic Medical Society.

The importance of a successful treatment for this disease is evident when we find an annual mortality of 40,000 in this country from Cancer. No race appears to be free from Cancer.

Etiologically, a local chronic irritation, especially in middle or old age, appears to be the principal factor in its production; it usually no doubt, is associated with weakness or low vitality of tissue, due to many influences, one of which at present is claimed to be the depression caused by nerve strain, or worry.

We may refer to the most frequent cancers as those of breast, uterus, intestines and stomach.

In breast it is said about 83% of its tumors are Carcinoma, or become cancers; and, while usually they are Carcinoma or Sarcoma, both of these may exist in the breast at the same time.

Diagnosis is often very difficult to make in the earliest and curable stage, even when age is considered (cancer having been found in a few patients as early as 17 years), therefore, many prefer to operate early and not expose the patient to the possibilities of malignancy. At the present time, enlarged auxiliary nodes are regarded as possibly evidences of benign growth, when associated with other definite symptoms that may not indicate Cancer. Microscopical examination of tumor during the operation of removal is not always conclusive evidence, nor is it best to make a second operation after sufficient time has been given for a satisfactory examination of the removed tissue or specimen for fear of extending the infection by simply cutting into it. The diagnosis must rest on a history of the family as to cancer; of the previous diseases or traumas of the breast, the present symptoms and appearances, and, during operation, the condition of the growth, plus microscopical examination if necessary. Heredity has been estimated as a factor in about 5% of cases. A history of the breast often affords evidence of previous disease, or trauma of the part, or, a previous benign tumor, the latter most commonly a fibro-adenoma. Unfortunately, pain generally is not a prominent symptom, and often is absent or but slight until the disease is well advanced.

During operation the tumor may give positive evidence of Cancer. Immediate microscopic examination will frequently aid in confirming the clinical and operative evidences of the disease.

That all breast tumors should be removed seems to be an axiom. This may be done in several ways. In the young by local applica-

tions, as of Iodine; in the nursing woman, where tumors are usually due to disturbances of lactation, by removing accumulation of milk by massage and breast pump; by operative removal in later benign growths; and lastly, by thorough operation in cancer, Halstead's operation being the safest and most radical.

Cautery pastes, destructive rays, as the X ray, also Radium, are uncertain in result, and should be used in incurable cases, as they may relieve disturbing and painful symptoms or conditions.

Uterine Cancers, which give one or all of the three symptoms, hemorrhage, leucorrhœa and pain, progress insidiously and are, probably in about 80% of the cases, beyond cure when the patient first consults a surgeon, hemorrhage, so often present in these cases, generally being regarded as due to the irregularity of the menopause.

While found most often in middle or advanced life, they may occur at any period.

As to cure, the earliest removal with the knife seems to be the only reliable treatment.

Palliative treatment might be comprised in curettage and medicinal local applications; removal by galvanocautery, leaving only a shell of external uterine tissue, and as used by Burns of Brooklyn, is said to have given brilliant results.

And, lastly, treatment by X ray has probably given fair results when it is possible to reach the affected parts. It does not seem reliable in these cases, but seems only of real benefit when employed for cutaneous cancers, or where mucous membranes can be brought close enough to be easily reached by its rays, and even then it requires both skill and experience in its application. As far as I can learn, constitutional effects from medicines have only relieved symptoms, or lessened pain.

In 1,000 hysterectomies after 50 years of age for fibromata of uterus, Sutton found 10% to be cancerous.

It has also been estimated that cancer occurs 15 times in the cervix to once in the uterine body; the latter principally developing from fibroids.

Cancer of the stomach is another and most frequent form of the disease: insidious in its approach, and often treated for a long period as some form of dyspepsia.

Its most frequent site is at the pylorus, and at the upper posterior wall, seldom or never to the left of Hartman's line, except when due to extension by growth.

We may with confidence state that curable stomach cancers are without cancer symptoms; that when such symptoms are observed the case is already incurable.

Many times, the gastric symptoms of which patients complain may be due to disease of the duodenum, which is seldom the seat of malignant disease.

The only treatment for Gastric Cancer is by partial gastrectomy.

Palliative surgical treatment is that of gastroenterostomy, where possible and advisable, as when a small area of stomach is involved, or pyloric stenosis exists.

Cancer of the Intestines affects those portions where the fecal stream is slow as at sigmoid, cæcum and rectum, the pain being more marked as the disease when in the rectum approaches the anus.

Intestinal obstruction, more frequent in Carcinoma than in Sarcoma, is sometimes the earliest symptom of cancer in these locations.

Palliative treatment is that of calostomy or intestinal anastomosis. Radical by extirpation of the growth.

In conclusion we may state that any epithelial lining, or covering may produce, or become cancerous.

It has been said also that any benign tumor may become malignant. To the above latter statements should be added, that chronic irritation is a necessary element in the etiology, whether in gastrointestinal, genito-urinal tract or in the skin.

No single injury or trauma is thought sufficient to produce cancer, except where there is already a tendency to the disease, because of age, etc.

One of the most valuable additions to post-operative treatment of Breast Cancers, was furnished in 1908 by Mr. Langley of London, and refers to the relief of that most agonizing symptom, lymphatic œdema of the upper extremity, due, he claims to the destruction of the lymphatic vessels by the cancer cells, and their subsequent change to useless cords of fibrous tissue.

This he effects by running from the wrist to the shoulder several strands of silk ligatures, at regular intervals, two or more, about the arm through the superficial fascia, thus draining the infiltrated fascia into the lymphatic vessels of the shoulder, and, as the silk tissue does not become clogged, it remains as an efficient drain.

It could be used in other locations where similar œdema exists, carrying the threads from the œdematous area well up into the healthy superficial fascia.

The necessity for this operation becomes evident when we remember the extreme, continuous pain suffered by these patients from this œdema, and could no doubt be employed both for inoperable and post-operative cases.

From the above facts we have the treatment of Cancer reduced to but one principle, earliest radical removal. In all cases the prognosis against recurrence will be good.

Operation at somewhat later periods give in breast carcinoma about 50% of cures; no benefit follows late operations. In early removal of stomach and intestinal cancer, patients may remain free from metastases for many years. The same may be said of uterine cancer,

except in the body, when it seldom recurs after recovery from a radical operation.

Therefore, as cure is comparatively rare, it may be most interesting to consider experimental or palliative treatment. As in Breast carcinoma, it is regarded as more comfortable to the patient to have a radical removal, as metastases are less distressing than the pain and offensiveness of the original cancer. In Sarcoma, this especially applies, and in one case, a sarcoma was removed 32 times, and then did not return.

Dr. Geo. Brewer of New York, while operating on a breast cancer, found the auxiliary vein so involved that he regarded the duration of the patient's life as but two months, yet he met her two years later when she said she was in fair health.

This would seem to justify the words, "experimental operation," in incurable cases.

In many other organs, operation may prolong life and relieve distressing symptoms for months and even years, although hope of cure has been abandoned.

Finally, after removal of Cancer how can we best prevent recurrence?

Here we are brought to consider those elements or states of the body that favored the original occurrence: 1st. Heredity, which probably should be rejected, and say that weakness of tissue received through heredity, consequent on old age, and general disease are the greatest predisposing factors.

Therefore, our hope of averting a recurrence appears plainly to lie in increasing the vitality of the patient to the highest possible degree.

New York.

Infantile Pneumonia.

BY O. H. ROHDE, M.D.

To the many trials that beset the obstetrical, and also the general practitioner, the fact that the new born infant has a cold, tending to Pneumonia, is one of anxiety, especially when the birth was normal, the child well developed, and the pride of its parents. Even though the baby is robust, the same danger prevails, often more so, strange to say, than in a weakling, whose very condition, instead of being a menace often favors recovery. The causes are poor nursing, poor watery breast milk, irregular bathing, drafty rooms, overheated rooms, too early outdoor walks after birth, too many diet changes, the impatience of young mothers to feed the child from the breast, preferring the bottle or both, and the inattention given a crying child, whose constant wail develops hoarseness, and finally Bronchitis; or a foolish desire to display the baby's charms; also the too attentive, overzealous nurse or mother, who constantly smother the child in a bundle of

clothing in a hot room, and without thought undress it to show a neighbor, or give it a bath in a room lower in temperature, or in only slightly warmed water, or allow a draft of cold air to flow in constantly while bathing.

Well, the call comes, the baby has a cold and cough; it will not nurse, it breathes heavily; a visit is made and the case diagnosed as Pneumonia, tending, as most due, towards a bronchial complication which usually proves fatal. Many remedies are used; very few avail. Often the inexperienced mother pays dearly for her want of knowledge, or lack of common sense, by the loss of her first born; or sees the end of the work of a careless, ignorant, shiftless nurse in the death of the little one. My first effort on reaching a case of this character is to diagnose carefully; to examine the stools; note if it is green, yellow, yellowish green, white or curdy; its odor; ask if water is passed, if it has flatus, if breast or bottle fed; what food is given, how it is given and mixed; whether warm or cold. If breast fed, find out the mother's physical condition; what she eats and drinks, note if its beer milk, beer and whisky milk, coffee or tea milk or very watery, and if the food she eats is well cooked, or a delicatessen product; note the condition of the home, the baby's crib, cradle, carriage, go-cart, or wash basket for that matter; note baby's bodily condition, eyes, skin, tongue, breathing and smell of urine. If a girl baby, dilate the rectum; if a boy do it also, and reduce phimosis, if needed. Then in plain language instruct mother or nurse about the temperature of the room; not to keep the baby alongside a red hot stove in a room of 50 degrees, or in a feather bed, smothered in woolens in room of 90 degrees; to dress it lightly, yet with comfort; apply clean diapers, bathing rectal parts after each wetting or soiling. As the doctor depends on the intelligence of mother or nurse, the simplest instructions carry weight. As a medicine give drugs direct acting, to body and condition:—

R specific (Lloyd's) Ipecac, min X; Ferrum Phos., 3 X, 3i; Aqua Dist 3iii. Alternate this: 3i hour about, with the following:

R specific (Lloyd's) Collinsonia, 3ss; Sp. Aconite, min. V; Sp. Sanguinaria, min. iii; Sp. Glycerine, 3ss; Aqua Dist., 3iii.

As a liniment, simple, nourishing, effective, always handy: R Oil of Olives, 3iiss; Oil of Capsicum, min. ii; Lloyd's Specific Lobelia; Sp. Sanguinaria aa 3ss; Sp. Bryonia, 3i. Misc.—shake well, and rub well on chest and back; also stomach if colicky, then dry lightly and cover with flannels warmed. If the child is breast fed, cleanse bowels of mother, regulate diet to bring pure milk, advising her to drink water, warm milk with a pinch of salt, or German camomile tea, hot or cold. If a bottle baby, furnish mother with a feeding card given out by the Chas. H. Phillips Co., N. Y., clearly outlining quantity of milk and water and hours of feeding. Should

the child be colicky or fretful, with stools green, advise either catnip or camomile (Lloyd's), a few drops in hot water as a tea or drink, with Aconite min. j, from time to time. Some half dozen of Upjohn's soda mint granules can be added to sweeten the stomach and aid digestion. These little drinks by bottle flush the kidneys and cool the fever. In these cases there is no set rule to go by; the conditions must be noted carefully. These little ones at best have a weak hold on life, and slip away under our eyes. If pulse is strong \mathcal{R} (Lloyds) specific Tinct. Verat Ver. min. V; Calcium Phos., 3 X, Natrium Phos., 3 X, aa \mathfrak{z} ss; Aqua Dist., \mathfrak{z} ij; give \mathfrak{z} i hourly. If the pulse is barely perceptible, eyes partly closed, give a sponge bath of the following mixture: \mathcal{R} whiskey, \mathfrak{z} iv; (Lloyd's) Collinsonia, \mathfrak{z} i; Ammonia, Tinct. Capsicum, aa \mathfrak{z} ss. Shake well before applying to chest, back and stomach; also body if needed; and \mathcal{R} (Lloyd's) specific Belladonna; (Lloyd's) Specific Sp. Cactus, aa, min. V; Kali Phos., 3 X, \mathfrak{z} i; Aqua Dist., \mathfrak{z} ij; and give \mathfrak{z} i hourly. The sponge bath with a mixture is refreshing and helpful. Some may object to the Tinct. of Capsicum, but it must be known that although a child be feverish, yet it has so little heat of its own that the Capsicum equalizes the circulation, thus adding strength to the heart, as well as overcoming changes of temperature in handling as well as of the room. I also make a moist poultice, when breathing becomes difficult, which in every way is superior to Antiphlogistine, is easily applied and aids quickly. Take a finely mashed red onion (Seckle pear size) add Glycerine \mathfrak{z} i, asclepias tuberosa (Lloyd's) \mathfrak{z} i, and apply on thin flannel covered with gauze. If the child is cold, bluish, add a few drops (XX) of the Tincture of Capsicum to the Glycerine; good results follow. With these simple remedies, many cases are aided towards recovery, with the added satisfaction, that the child has not been drugged to death; also that it can battle more easily with future colds. Following recovery, continue care of diet of mother and child, breast or bottle fed, and as a future help to the infant give the following for the next three months to come: \mathcal{R} Calcarea Phos. 3 X, \mathfrak{z} i; Magnes. Phos., 3 X, Kali Phos., 3 X, aa, \mathfrak{z} i; Lloyds specific Arnica, min., v; Aqua Dist., \mathfrak{z} iv; dose, \mathfrak{z} i every 2 hours. This will insure bodily strength, growth and vigor. Many physicians may say they have been compelled to use this or that; naturally every case is to be diagnosed, yet the majority of cases of infantile pneumonia are found, strange to say, among the robust, well developed infants, as the very weakness of mother and child, as stated, seems to protect them; tending to other maladies, as rickets, marasmus, summer complaint, cholera infantum, scrofula, scurvy, etc. In our daily practice, we have often been surprised to find how quickly improvement follows a simple rational line of treatment. It is our duty to aid nature—clear the way for her to act. Simple hygienic treatment is often superior to drugs.

Brooklyn, N. Y.

Therapeutic Value of Lobelia in Renal Colic.

BY FRANCESCO G. CALIVA, M.D.

It is not my intention to make an exhaustive paper upon the etiology, symptomatology and therapy of the Renal Colic, but only to speak of the action of Lobelia in this disease. It is a well-known fact that renal calculi, in spite of their chemical composition, treated with a strong acid are all dissolved (*Kirk's Physiology*), but there is not yet found a medium that can be internally administered to act directly upon the concretions formed within the kidneys, for the already known acids have either a too weak action or an undesirable corrosive one.

Pereira detected in Lobelia an acid constituent, the "Lobelic Acid" (U. S. D., page 834), which, in my opinion, is the long sought medium, since experience has proved that it efficaciously responds to the symptomatology which calls for it in renal calculi. A series of experiments has shown to me that the necessary hyperacidity in which renal calculi are dissolved is contained in the Lobelia and in its lobelic acid. It seems to me that the acid acts directly upon the stone, causing the dissolution by eroding its layers. The dose in which Lobelia must be used, to respond to our purpose, is greater than that ordinarily administered, and it does not produce, even in such a quantity, any distressing symptom in this particular case, while "it increases the blood pressure of renal vessels by relaxation of the renal arterioles and is accompanied with an increase in the volume of the kidneys, and in the quantity and flowing of urine. Furthermore, Lobelia, being an anti-spasmodic and a sedative, acts upon the nerves which control the kidneys, relieving the extreme pain of the patient that is the principal symptom in this disease. The uremic symptoms which may be present are undoubtedly ameliorated by its diaphoretic and diuretic action."

It may seem perhaps hazardous to make such a statement, but experience acquired at the bedside of many patients controlled by the personal supervision of Dr. L. Zito, from the University of Naples, presently residing in New York, has proved that Lobelia gives in all cases very good results. From what has been stated above, it is plain that if a physician wishes to perform the ordinarily used hypodermic injection of morphine, just to offer to the patient an immediate relieving of the paroxysm, he has to remember that, morphine not being a radical remedy for nephrolithyasis, a course of Lobelia is necessary to give the patient a real and lasting benefit.

I could confirm my assertions by relating many cases in which I have obtained very good results, but, as I only desire to give for the present a brief relation, I think it sufficient to give the formula used, hoping to be able to report in the near future further details,

and the history of cases which will demonstrate the truth of my assertions.

R. No. 1:

Tr. Lobelia Inflata, ʒii;

Aqua, q. s. to ʒii.

R. No. 2:

Potassium Bicarb, ʒii;

Aqua, q. s. to ʒii.

M. Sig.: Of each, teaspoonful every half hour until pain stops, to be then continued every four hours.

One teaspoonful of the R. No. 2 has to be given fifteen minutes after the teaspoonful of No. 1 and so on.

The R. No. 2 seems to increase the power of the R. No. 1, and helps it in the dissolution of the calculi.

The two R. are not combined together because the second, by its alkalinity, would impede the action of the first one. In this manner experience has proved that, while both act for the same purpose, one does not destroy the activity of the other.

New York, April, 1911.

Items from the Field of Neurology.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

Some of the stigmata of degeneration are usually present in most paranoiacs, and a previous tendency to chorea, convulsions and such conditions will often be present. Usually the subject has a feeling that his merits are not appreciated as they deserve and consequently some persons must be responsible for this state of affairs—hence his suspicions.

The epileptic, in proportion to the frequency and severity of seizures, suffers a gradual decline of mental powers. Memory becomes impaired, judgment is defective, and delusions of persecution occur. He becomes irritably brutal and finally passes into complete dementia.

There are three elements in the treatment of any case of neuralgia: the removal of the underlying cause, general elevation of the physical and nervous vigor and the local treatment, and this last one will vary according to condition of the patient and the parts affected.

In exophthalmic goitre specific veratrum should be given in full and increasing doses, until the pulse becomes normal and some cases will be cured much sooner and easier after its administration.

In the treatment of neuralgia, where there is a sharp, distinct pain, a dry skin, more or less nervousness, the pulse small, hard, specific aconite and specific gelsenium are called for.

Cervico-occipital neuralgia often depends upon rheumatic deposits in the tendons attached to the base of the skull. These cases will yield to antirheumatic treatment, combined with proper massage for the disposition of deposits.

Methylacetanalide is a potent remedy in chorea; combine it with specific avena, it will lessen the severity of the choreic movements very quickly and will shorten the attack. It is of great value in the early stages of chorea, but must be used with caution as it produces some times, profound anæmia and collapse symptoms, and if pushed too much—epileptiform convulsions. The dose for a child is from one (1) to one and one-half ($1\frac{1}{2}$) grains, repeated twice daily.

The diagnosis of a typical case of progressive bulbar paralysis is not a very hard matter. If there are no symptoms, but those referable to the medulla oblongata, we must not forget that thrombosis or hemorrhage, although they may produce similar symptoms, can easily be distinguished by the manner of this appearance, contrasting with the slow development of genuine bulbar paralysis. Tumors of the medulla may produce similar symptoms, but then both sides will not be affected symmetrically and the motor tracts would suffer also.

The normal tincture of Erythroxyton Coca is called for in all neurasthenic conditions, where you have the tired, weary brain, the lack of concentration and the peculiar depression of the cerebrospinal cases.

In cases of Hysteria, due to sexual irritation, specific Humulus exercises a most satisfactory effect. Try it some time and see results.

Only very rarely does gynecologic treatment produce an essential or lasting improvement in hysteria. In fact there are quite a few cases, in which gynecologic treatment, if long continued, has increased the hysterical symptoms. Urgent indications for gynecologic treatment must, of course, be attended to in spite of hysteria, but it is best to go slowly.

The treatment of Epilepsy with bromides, as recommended in most text books, has not found favor in my hands, and it is a question in my mind, which is really worse, to have epilepsy, or to become a brute from the administration of the bromides, and in epilepsies developing late in life, the symptoms will become more aggravated from the use of bromides.

In myelitis, when there is pain in the region of the bladder on micturition, specific *Triticum Repens* in 10-drop doses, 3 or 4 times daily, will do wonders.

In the treatment of all mental excitement, or acute aberrations, in delirium tremens and in cases where the mind is excessively active, with constant muscular activity, both the mental and muscular excitation can be subdued easily by specific Conium or by Cicutine Hydrobromate.

Homicide may be committed by a lunatic for various reasons; it may be the result of a delusion or hallucination. One of the most frequent delusions is that of persecution. A man may have a delusion that he is plotted against and will attempt to get rid of his enemies by homicide.

Homicide may be committed by persons of weak mind, idiots, imbeciles, or demented, for some silly, or imaginary cause of offence, or sometimes from imitativeness. An idiot may kill a child, because he saw a fowl killed. An imbecile may commit murder to gain notoriety and be talked about in newspapers.

Insanity sometimes occurs in the course or at decline of acute disorders; in typhoid fever, toward the decline in some cases, maniacal delirium may come on with delusions of an anxious nature, as well as some hallucinations of the senses, such as of hearing and of sight.

The joint meeting of the Kings County Eclectic Medical Society and of the Brooklyn Therapeutic Society will take place on Thursday, September 28th at the Hof-Brau House, 588 Fulton St., Brooklyn. It will be a hummer. All Eclectics should come and enjoy it.

Dementia Precox, according to Kroepelin, should cover a group of cases, which are characterized by a pronounced tendency to mental deterioration of varying grades. He includes in this group the Katatonia of Kahlbaum, formerly known as primary dementia, hebephrenia and a certain group simulating paranoia.

70 Rogers Ave., Brooklyn.

Castor oil in teaspoonful doses will purge. Five-drop doses, often given, stops diarrhea.—*Summary.*

Epsom salt in teaspoonful doses will purge; in one-fourth teaspoonful doses will stop diarrhea.—*Summary.*

Used locally, capsicum is an agent of great value, producing an active rubefacient effect without vesication. It is the active principle of the majority of the stimulating liniments used for the relief of pain.—*Summary.*

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

Keep Well Grounded.

It is highly important that we who practice specific medication should keep well grounded in all of the most minute details of specific diagnosis, for upon such proficiency in diagnosis largely depends our successful employment of remedial agents.

In specific or direct medication, specific diagnosis is an absolute necessity if we are to expect definite curative action from drugs. This is a very important element of specific medication, and one that some physicians do not seem to recognize. If all of our young practitioners would keep the contents of their text-book on specific diagnosis constantly in mind, their success in practice would be even greater than it is at the present time. The physician must have first a thorough knowledge of *healthy* life, and be able to recognize it, or any departure from it. Thus anatomy and physiology are the true basis of direct medication, for if we do not *know* the healthy structure and function, it is not possible for us to *know* the diseased structure and function. As there are many elements that go to make healthy life in human beings, so there are many things that go to make the sum of disease. These are often found in varying combination, yet in most cases there are certain prominent lesions, or basic wrongs, which may be regarded as those upon which the others rest. If our knowledge of specific diagnosis is such as to enable us to detect these important factors, and our knowledge of materia medica sufficient to enable us to find remedies which will remove these pathological features, the disease will soon disappear, and the natural restorative powers of the body will promptly restore the patient to health.

The Treatment of Cancer.

A very interesting and useful article, giving the successful treatment in detail of a case of epithelioma, from the pen of Dr. S. F. March, of Kansas City, Mo., appeared in the July issue of the *American Medical Journal*. After speaking of the cause and growth of cancer, with special reference to skin causes, Dr. March in part says:

"The Eclectic physician by using *specific medication* for *specific conditions* found in his patient should be able to prescribe intelligently and get good results in all cancerous cases. He may not be able to cure every case that comes to him for treatment, but he can at least give some relief if he prescribes according to specific conditions found.

"Always treat your cancer patients with the same care that you do any other difficult case and I think you will have just as good success with the former as you do with the latter. A great many physicians make the mistake trying to treat the 'name' cancer instead of the conditions of health of their patient that need rectifying.

"To better illustrate the treatment in a case of cancer I will describe the care and treatment of a typical case. This data was compiled from the records in my office and is as follows:

"The patient was suffering from the form of cancer classed under the heading of epithelioma, or skin cancer, located on the right side of the neck and extending from the posterior border of the sternocleidomastoid muscle to almost the median line and measuring three and a half inches by two and a half inches.

"In the center of the sore was an ulcer one inch by three-fourths of an inch in diameter. This was surrounded by hard, indurated and elevated surface. It was very painful at times—that characteristic sharp, darting lancinating pain that usually accompanies such cases—and is always one of the diagnostic features. There was also a drawing and contracting sensation in and around the wound.

"I have found it good practice in all cases of a cancerous nature to treat each individual case *specifically*—treating the conditions found peculiar to the particular case before me.

"If the proper care is taken in the diagnosis many things can be found that will require treatment. In a case like the one before us we discover the need of a constitutional treatment as we found several impairments of functional wrongs of several organs of the body—all of which needed a *specific* treatment to correct.

"This patient was put upon a preparation of arsenicum—12x—which was given to build up and give tone to the weakened and debilitated tissues of the body and especially to relieve any engorged cellular tissues resulting from inactive liver, spleen or kidneys. We find arsenicum stomachic—giving tone to the stomach, thus aiding digestion and assimilation of the food. Arsenicum gives tone to the sympathetic nervous system, thus influencing and toning up all organs governed by this system.

"For a general effect upon the blood a tonic and alterative compound was given, consisting of yellow dock (*rumex*) for its general

alterative action on the blood and, especially, active in skin diseases, removing the morbid and effete material that is in the blood, also for its kindly influence on the kidneys as a renal depurant. Also *phytolacca decandra* was added for *special* and *specific* action on the glandular system, *stillingia* for its alterative effect in all cases of blood impurities in cancerous diathesis, *echinacea*, for its encouragement of secretion and excretion and thus preventing further auto infection, giving better assimilation, absorption and general nutrition. *Senna* was added to this compound for its laxative influence on the bowels, *cascara sagrada* was added for its direct influence upon the function of the stomach and intestinal canal as it acts directly upon the vaso-motor system, stimulating the glandular apparatus of the intestinal tract to more perfect secretion and increasing paristaltic action, thereby restoring functional activity. *Podophyllum* was added in this particular case for its specific action on the liver.

"For a general tonic effect he was put upon quinine, strychnia, and iron tablets, three times a day, for a few days.

"I began the local treatment of the sore by first painting the hardened, indurated part, that was covered with a tough skin, with carbolic acid, 95 per cent. solution, just painting those parts that the escharotic is to be used upon, being careful not to get it on any part that does not need removing and only places covered with tough skin, and *not* on the open, raw sore.

"Make an escharotic as follows: Zinc Chloride, 3 parts; Sanguinaria, 2 parts; Add Vaseline q. s. to make a paste. A small quantity of Carbo Veg. can be added if so desired.

"This escharotic was used day and night, the dressing being changed each morning. At each dressing the deadened tissue was pared with a bistoury and a fresh application of the escharotic made. This was repeated until the diseased tissue was all killed then hot poultices of flaxseed meal and slippery elm bark (powdered) equal parts were applied to reduce the inflammation and to hasten the sloughing. In one week's time the diseased tissue was removed, leaving soft edges and a healthy granulating wound. Antiseptic dressings for the healing process were varied from time to time—the wound was kept well cleansed and frequently painted with the oil of thuja, which help to keep the wound in a healthy condition by promoting healthy granulation, and a rapid recovery was made.

"Seven weeks from the time he came under my treatment all diseased tissue had been removed from the wound and all local applications discontinued.

"However, I thought it best to continue the constitutional treatment two or three months after going home. I have examined him several times since and the neck presents a nice, clean, smooth

and healthy scar without any contraction and very little disfigurement. The scar has gradually grown smaller and there is not the slightest indication of a return of the trouble. At this time—over three years since he went home with wound healed—I think I am justified in saying that he is cured.”

Concerning Samuel Thomson.

It was the glory of Samuel Thomson that he made out a system of medicine that would do more than Allopathy could, and out of the meagre drugs at command, was able to build up a passably complete armamentarium. Lobelia was only one of his weapons, and to him more than any one else are we indebted for what we know of the effects of *Myrica*, *Capsicum*, *Populus*, *Abies* and *Ginger*, as well as *Lobelia*. We must judge Thomson by the standard of intelligence of his time—not by that of ours, 100 years later. When Thomson said that Fever was a vital action, and not a disease, and that to equalize the circulations, both vital (nervous) and sanguineous, was the way to bring back health, he was 75 years ahead of his times. That his system of the emetic with vapor bath, and the tightening of the excretory cells, causing them to expel the morbid, or dead matter (which he called canker), with *Myrica* and *Capsicum*, was an efficient means of cure of both acute and chronic diseases, I know by many experiences. In 1868 I saw a man with Syphilis of 12 years' standing, who was rendered helpless by the best Allopathic talent in Hartford, Conn.

He was rendered almost insane with nocturnal cephalagia, which enormous doses of morphine failed to help. His legs were the seats of terrible ulcers, and rupiform syphilides were all over his body. In this condition he fell into the hands of my perceptor, Dr. Isaac J. Sperry, of Hartford. Dr. Sperry put me on to the case. I gave the man six *Lobelia* emetics, with copious amounts of tea of Thomson's composition powders, which caused him to throw off large amounts of effete matters. I gave him six vapor baths. After that he took a syrup made from *Rumex Crispus*, *Alnus Serulata*, *Aralia Nudicaulis* and *Lappa Major*, with a little *Podophyllum*. I had the pleasure of making a complete cure of the man. I saw him four years later and he had had no relapse. After the second emetic his nocturnal pains ceased and then he began to pass large amounts of mucous casts from the bowels, some of them two feet long. This was the canker of Thomson, the *Myrica*, with *Xanthoxylum*, was the strychnia of those recipes. Now do the writers of diatribes on Thomson, believe that any of the Salvarsanistic doctors could have done this job within three months, as I did, thanks to Samuel Thomson?

I think with Dr. Lloyd that Lobelia will yet have its day. When Dr. Wilder wrote his history of medicine, I loaned him a large number of old Thomsonian magazines between 1832 and 1860, and when the book was finished, I told him to send the papers to the Lloyd Library. I have never heard of them since. If I had them I could throw more light on these things, but I will say that Dr. Matson was only one of those men. Probably Horton Howard did as much as any one to father Eclecticism.

F. H. WILLIAMS, M.D.

Bristol, Conn.

Crataegus As a Heart Tonic.

I use this agent extensively as a heart tonic, both in organic and functional disorders, with pain in region of the heart, with shortness of breath, and in fact in most of the cardiac disorders. It has always served me a good purpose.

M. D. PALMER, M. D.

Thuja in External Growths.

A lady had a fungoid growth on her right wrist about one-half inch in diameter. I used thuja full strength. Two drachms removed it entirely. A boy had a large blood growth above and back of right ear. Two drachms of thuja cured him entirely. A man had a large carbuncle on the back of his neck. Thuja was the principal remedy used, and he was cured in two weeks.

N. J. DE PUY, M. D.

Veratrum in Croupous Pneumonia.

I have found veratrum invaluable in the treatment of croupous pneumonia. It controls the arterial excitement. I have received great benefit in the cardiac hypertrophy which we find in connection with chronic Bright's disease.

C. H. GARDNER, M. D.

In pain in the mammary glands, ovaries or uterus, macrotys should be one of the first remedies thought of, and in nearly all cases of this character proves an important means of cure.—*Summary.*

Quinine often fails to cure ague because the liver or spleen is gorged, or these or other secretory organs are at fault.—*Summary.*

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Washington, D. C., in June, 1912. A. F. Stephens, M.D., president; W. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1912. T. D. Adlerman, M.D., president; E. H. King, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. C. Lloyd, M.D., president; H. Harris, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. C. Griel, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton Street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes Street, Brooklyn. A. B. Wolf, M.D., secretary.

Selections

A Rational Remedy for Migraine.

At a meeting of the Association of American Physicians, Dr. B. K. Rachford read a paper entitled, "The Treatment of Migraine." The purpose of the paper was to outline a treatment of migraine which he had employed in his practice with good success for more than ten years.

Referring to the medical relief of the constitutional condition, he said, "As the treatment must be continued over many months, it is absolutely necessary for permanent success, that the medical treatment should be as simple and palatable as possible and herein lies the great value of the formula which I have been using and which is now prepared in the form of a granular effervescent salt and offered to the medical profession under the name AKARALGIA.

"Only one dose of this medicine is given in 24 hours, and after the patient is fairly under treatment, this is commonly the only medicine used. The principal ingredients are Sodium Salicylate, from Natural Oil, Sodium Sulph., Magnesium Sulph., and Lithium Benzoate, and I know that this prescription may be given for an indefinite length of time without losing its great therapeutic value or producing disgust for it on the part of the patient. On account of the absence of cold tar products, this medicine, moreover, is not contra-indicated by any condition of the heart or stomach. It is, in fact, one of the most valuable formulas I have found for the treat-

ment of chronic gastric catarrh and chronic ulcer of the stomach. On the other hand, a 'bad stomach' is a further indication for its extended use."

In closing, Dr. Rachford stated, that he was convinced that the use of AKARALGIA, as prepared by the Merrell Chemical Company would give better results than the separate use of the various ingredients which it contains.—Therapeutic Digest.

Cholera Spreads.—A dispatch from Milan, Italy, dated August 31, states that cholera is spreading and that its ravages have become alarming. Premier Giolitti is quoted as saying that 800 towns and villages are stricken. Newspapers declare that three-fourths of the population of Leghorn, where over 800 cases have been reported since June 7, have fled. The epidemic is severe in Liguria and the Genoese Riviera. Conditions in Calabria and Sicily are represented as serious. The peasantry are convinced that the Government is poisoning the wells and are preparing to wreak vengeance on the officials. The villagers of Gricola have murdered the tax collector, holding him responsible for the cholera outbreak in that locality. Reports from Constantinople are likewise disheartening. Returns up to August 31 showed 75 cases and 31 deaths from the disease in Constantinople. There has been a heavy mortality in the Turkish garrison and at the Albanian camps. At Uskup, in the vilayet of Kossovo, there is an average of 50 cases daily, while at Monistir, in Macedonia, the disease is equally virulent. As a precautionary measure against the spread of infection all the old houses in the ghetto district of Constantinople have been ordered burned.

New Pavilion for Measles.—The Department of Health has closed a contract for the erection of a pavilion, at a cost of over two hundred thousand dollars, for the isolation of measles on the grounds of the Willard Parker Hospital at the foot of East Sixteenth street.

How To Give Nutrient Enemata.

Nutrient enemata should be given by means of a tube about 10 or 12 inches long, not too flexible, as it may bend back on itself, passed as high up in the bowel as possible so that the fluid may be brought into contact with as large an extent of absorbing surface as practicable, and the patient should be lying preferably on his left side and hips raised on a pillow, and the injection should be allowed to flow in very slowly. The superior rectal and sigmoid veins communicate with the portal system, while the veins from the lower third of the rectum communicate with the inferior vena cava, and

their contents do not pass into the liver; hence the desirability of introducing nutrient enemata as high up as possible. Not more than four to six ounces should be injected at a time, and less, of course, in a child. The patient should remain incumbent for an hour or so after the injection, and it is advisable to compress the anus for ten or twelve minutes with a warm towel, so as to promote the retention of the enema. The secretions of the large intestine are alkaline, and acids irritate it, so that in cases of prolonged ailmentation by the rectum it is necessary to render the enema alkaline by the addition of sodium bicarbonate, to avoid irritation of the mucous membrane.

—Medical Standard.

The Outlook for the Medical Student.—The medical student of the near future is going to have a hard time of it. Of course, he will have to become familiar with all the ramifications of medical science (and new branches are cropping out every minute), and in order to be able to half way digest what is offered for his mental assimilation, he will have to show two years of preliminary training in addition to a high school course; and it is further whispered that the time is coming soon when, willy nilly, there must be a year's hospital work after the four-year medical course.

Where is this all going to end? Perhaps in the lunatic asylum. At any rate Dr. Crothers warns us that a moderately large proportion of cases of mental breakdown and drug and alcohol addictions is to be found among the members of the medical profession. It is assumed that the doctor feels the need of a stimulus in order that he may keep the pace. It is well known that a very large number of physicians lead very unhygienic lives. Few will perhaps, admit it, but it is a fact.—N. A. J. of Homœopathy.

Echinacea Angustifolia.*

BY G. W. SHADWICK, M.D., IOLA, KAN.

In an article in *The Homeopathic Recorder* on *Echinacea* and *Arsenicum*, Dr. Shadwick says the following of *Echinacea*:

These two remedies, while somewhat similar in their action, are radically different. The red string that runs through one can readily be traced in the other.

Echinacea has been somewhat ignored, yet it is one of the best friends the physician has at his command if properly understood and used. It is an important alterative in strumous diathesis in boils, carbuncles, syphilis, cancers and old sores of all kinds. It gives greatest promise as a powerful antiseptic, both locally and internally, and will prove useful in diphtheria, typhoid fever, infantile cholera, blood poison, and in bites and stings of snakes and insects.

*A paper read before the Kansas Homœopathic Medical Society.

Dr. Meyer has probably done much to introduce to the profession this wonderful remedy. He has used it for years as an antidote for various poisons, particularly that of the rattlesnake.

A snake charmer at Baxter Springs a few years ago was bitten by one of the large venomous snakes; was brought to the city and given large doses of *Echinacea*, which undoubtedly saved his life; yet he lost his arm.

Echinacea is the remedy for blood poisoning. It has served me well upon several occasions. It is indicated* where there is a tendency to gangrenous state, with sloughing in the soft tissues. In fevers, such as typhoid, cerebro-spinal meningitis, malarial and asthenic diphtheria, it equalizes the circulation and acts as a sedative. Its immediate effect upon fevers caused by the continual absorption of septic material, as in typhoid, puerperal and diphtheria, shows that its destructive influence begins upon the pernicious germs as soon as administered.

As a nerve specialist, it acts upon the vital forces, depressed by the poison. In uræmic poison *Echinacea* should not be overlooked. It will prove useful. It has been used for many years in diphtheria with good results. The exudates contract and disappear. All local evidence of septic absorption has gone; the fever abates; the vital forces are restored and improvement is prompt.

In diphtheria *Echinacea* is an antitoxin, far superior to the patent manufactured article. It will not produce lockjaw, but will prevent it; it will not kill, but will sustain life. It is a safe and sure remedy to use.

In follicular tonsilitis, in stomatitis, in catarrhal ulcerations, it is prompt and efficient.

Echinacea has given more than ordinary satisfaction in the treatment of erysipelas, especially when sloughing of the tissue occurs. In chronic tibial ulcers and glandular indurations, in syphilitic nodules, boils, abscesses and carbuncles, it has no equal. It has been successfully used in *Rhus tox.* poisoning acting very quickly. Many favorable reports have been made from various sources of its value in rheumatism, cholera morbus, cholera infantum, hæmorrhoids, septicæmia, naso-pharyngeal catarrh, mad dog bites, rattlesnake bites; in fact, in all conditions traceable to blood deprivation and noxious poisons introduced into the system. It should be used locally and internally at the same time.

I give a case of a woman thirty-four years old. Premature birth at seven months. Foetus had been dead for several days. Decomposition very marked; odor bad. After delivery she seemed to get along nicely till about the sixth day, when she became suddenly delirious and high fever followed; lost control of left hand and arm to such an extent that it was impossible for her to put her hand to

her head without several attempts. Hand would wander in all directions. Put her on *Echinacea*, sixty drops to one-half glass water. A teaspoonful every hour for six hours, then every two hours. The fever was all gone in three days. Gradually regained the use of her arm and made a speedy recovery.

The possibilities of *Echinacea* are great, and I am using it more in my practice all the time.

Dr. Lock gives us the results of his experiments, which are of great value; and if we will follow his leading many will be the sufferer that will rise up to call us blessed for benefits they have received from *Echinacea*.

The hypodermic use of *Echinacea* will prove of great value to the patient and of greater satisfaction to the physician, if used. *Echinacea* used hypodermically is a comparatively new process, but the results are so remarkable in cases of septicæmia, diphtheria, tonsilitis, typhoid fever, chronic catarrh, infantile paralysis and spasms, that indications clearly point to positive effects obtained.

Principal symptoms: Tendency to gangrenous states, uræmic poisoning, septic fevers, bed sores, fever sores and ulceration, black coated tongue, putrescent odor from material being eliminated from the system.

The results following the use of *Echinacea* have been so gratifying that I am encouraged to push it to the utmost limits, both internally and hypodermically. It has never failed me yet in any case I have used it in.

Salvarsan.

The recent reports concerning the action of "606" do not increase the hope that the remedy will be found less injurious in its many influences. It is especially injurious to the kidneys. If albuminurea is present the condition of the kidneys becomes rapidly worse and disease of the kidney that has not been at all conspicuous before this agent is used, becomes marked after using this remedy.

The influence in many cases upon the kidney is acute, producing marked changes at once. One case of hemorrhagic nephritis threatened a fatal termination, when the report was made. In other case the urine was normal, previously, but acute nephritis developed within a short time, after using the remedy.

Ehrlich says that the remedy must not be used at all where there are serious disturbances of the circulatory organs, degeneration of the blood vessels, cerebral hemorrhage, irritable heart, or nervous system, or in old people with nervous troubles, or where there is locomotor ataxia, or paralysis, diabetes, nephritis, chronic bronchitis; or where there are cachexias; or where cases

have been previously treated with arsenic; or where there are disturbances of the internal ear. And these are not all.

This certainly excludes a great many patients, and because of the fact that these conditions may be dormant and overlooked, the agent is doubly dangerous.—Ellingwood's *Therapeutist*.

Interpretation of Laboratory Findings.

J. W. Fisher states that many times the improper interpretation of laboratory results by clinicians is responsible for much unjust criticism of pathologists and needless groping in the dark by those who decline to avail themselves of these valuable adjuncts to successful practice. On the other hand, the pathologist would be more helpful to the physician or surgeon if he would study the clinical as well as the pathological side of the case. In conclusion, the author makes a plea for the more frequent use of laboratory tests, but with a proper correlation of all of the clinical findings, thus eliminating much that is haphazard in diagnosis.—*Record*.

Therapeutic Activity Plus Palatability.

The popularity of a remedial agent that is therapeutically active and palatable, is assured, for beyond these qualities there is nothing to be sought. These are the features of 'Cordial of the Extract of Cod Liver Oil Compound (Hagee) that make it such a favorite with physicians.

As a reconstructive and tissue nutritient, it stands the most rigid clinical tests and the prescriber may feel sure that definite results will follow its administration. One of its fields of usefulness is in the protracted convalescence consequent upon a severe infection such as typhoid fever. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) stimulates the reconstructive functions and aids materially in hastening the return to health.

Obituary.

Dr. James W. Rock, who graduated from the Eclectic Medical College in 1878, and who, for a number of years was active in college work, died at Utica last month after a short illness.

Dr. Rock was very popular, both as physician and teacher. For many years he was in charge of the Bond Street Dispensary in this city, and for a time he was on the Faculty of the Eclectic Medical Collegè. Some time in the eighties he located in Atlanta, Ga., and was on the Faculty of the Georgia College of Eclectic Medicine and Surgery.

To his widow and family the sympathy of his many friends is extended.

Items

Doctor Boskowitz has returned, after a two months' vacation, very much improved in health.

"The boys'" thoughtfulness at "papa's" departure and homecoming was very much appreciated.

While in London, Dr. Boskowitz met Dr. Joseph Watmore, one of the leading Herbalists of England, and from him learned much of the Herbalists' struggles, their hopes and ambitions, of the tyranny of the old school, etc. It had a very familiar sound. Read Stephens' "Medical Authority in America," substituting England for America and you have the story.

From Dr. Watmore we received a copy of the *Sheffield Independent*, Thursday, Aug. 3, from which we quote the following reference to the Herbalists in a debate in Parliament on the National Insurance bill.

"Mr. Pointer moved an amendment, the object of which was to allow the local health committees to make arrangements with herbal doctors, as well as ordinary medical practitioners, for the administration of medical benefits. He said that under the bill no option was given to a member of a friendly society, whatever his views might be in regard to the kind of medical treatment he must receive. Either he must submit himself to the ordinary medical practitioner or lose his sickness benefit. He had no mind for the irresponsible person with no education and no medical ability, but there was a class of persons, the qualified herbal doctor, who had just as good a training as the ordinary medical practitioner, and was equally qualified to deal with diseases, etc. The herbal doctors had their own board of examiners, and they had to attain certain qualifications before a man could become a member of the herbal college at Southport. These people ought not to be ruthlessly brushed on one side. It was said they were not, but he failed to see how that herbal doctors would come into the scheme. The honorary member then quoted statistics to show that the number of deaths from various diseases was actually less in cases where herbal treatment had been resorted to, than in cases attended by the ordinary medical practitioner."

The English Herbalists have a fine institution at Southport—college and sanitarium. They publish a monthly magazine which is the organ of the Institution and is called "The Herb Doctor." Write them for sample copy.

We enjoyed a pleasant afternoon at the Southport Institution, where we had the pleasure of meeting Doctors Garner, who are American graduates, and Doctor Webb.

Dean Hardy reports a very successful opening, with a fine enrollment of students.

Have you written for that sample of Phytin?

President Adlerman, of the New York State Society, announces a fifty-dollar prize for an original essay to be read at the State meeting. Details will be printed in the October *Review*.

Read the advertisements carefully. Write for samples and literature and mention *Review*.

For your convenience subscription blank will be found in the advertising pages of the *Review*.

Have you helped distribute the College catalogue by sending names and addresses of prospective students in your neighborhood to Dean Hardy?

For Sale or Lease on Easy Terms.

Fine estate of 2 acres, corner property, $\frac{1}{2}$ mile from station and 5 minutes from Great South Bay. Plenty of shade, pine and fruit trees, shrubs, flowers, lawn, etc. 15-room house with large verandas, sun parlor, conservatory, large barn, chicken house, etc.

Would be just the place for sanitarium or private hospital. Has running water, bath, concrete cellar and gas. Location: 30 miles from Pennsylvania Terminal, in village of 3,000 inhabitants on boulevard, 1,000 feet from Merrick Road.

This place was used and maintained for above purposes by a physician now deceased and can be acquired at very reasonable terms.

For further particulars, address

Dr. G. W. Schaefer, 216 East 17th St., N. Y.

or Bayshore, Suffolk Co., N. Y.

Sterilized Solutions for Hypodermic Use.

In view of the pronounced demand for sterile "ready-to-use" solutions of definite dosage, to be administered hypodermically, Parke, Davis & Co., some time ago decided to place a number of such solutions at the disposal of the profession in a form that would make their use both convenient and economical. "Sterilized Solutions in Glaseptic Ampoules" is the term used to designate them, and the company announces about a dozen preparations which it is prepared to supply.

The sealed glass ampoule removes the liability of contamination and deterioration, and eliminates the inconvenience attaching to the preparation of a solution whenever an emergency calls for its use. Moreover, it insures medicaments of established purity and strength. Each package contains a small file by means of which the neck of the ampoule is nicked, so that it may be readily broken off, thus opening the container. An ordinary hypodermic syringe is used. To withdraw the liquid, the needle is inserted to a point about midway of the sloping shoulder while the ampoule is held in a vertical position; by this means the solution is removable, we are told, to the "last drop."

Our readers are advised to consult the display announcement of these sterilized solutions appearing in the advertising pages of this issue of *Eclectic Review*, which gives a complete list of the preparations as well as some important suggestions for their use.

Nassaue says that the same principle of absorption applies to leucorrhea as to other pathological secretions, and advocates the insufflation of a dry powder such as white talc or bismuth. The insufflation is made with the walls of the vagina distended with air. Once a week a douche is ordered to clean the vagina; to be followed by an insufflation.

A fine opportunity is offered a young M. D. at Somerset, Indiana. For particulars write Dr. U. G. Vance, Somerset, Ind.

Book reviews have been crowded from this number and will appear in the October issue.

The International Homœopathic Congress was in session while we were in London, so we paid our guinea, registered and attended one or two of their sessions.

Bromide of potassium has been used successfully in a case of poisoning by strychnine.—*Summary.*

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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Prize Essay.

The Eclectic Medical Society of the State of New York, through its president, Dr. T. D. Adlerman, offers a prize of fifty dollars to be presented at its annual meeting in Albany, March, 1912. The following are to be the judges: John Perrins, Boston, Mass.; W. T. Glenn, State College, Pa.; John Uri Lloyd, Cincinnati, Ohio.

CONDITIONS.

All articles must be typewritten and in the hands of the secretary of the State Society not later than February first. The essay must contain between 2,000 and 2,500 words, and must be signed by *nom de plume* or motto, which *nom de plume*, together with the full name of the writer, shall be sent separately to the secretary. Any subject in medicine can be selected, preferably eclectic practice or therapeutics. No article will be accepted that has been previously read or published.

For further particulars or instructions address the president of the State Society.

System Essential in Therapeutic Study.

Until the methods of surgery became the dominant influence in the profession, every physician believed that *he was practicing medicine in order that he might cure his patients* when they were sick. The conspicuous belief, that on which his whole faith was pinned, was that *he could cure a man with medicine*. It is surprising how much has been said in the past two decades to the effect that *medicine is a non-essential*, and that there is nothing for internal use upon which our faith can be securely fastened.

Throughout the entire history of the application of drugs, by the dominant school of medicine—the Regulars—there has been *no Science whatever* applied; no systematic course has been adopted; no strict, underlying principle, either of disease action or of exact drug application, has been adopted. Science, science, science has been the cry all the time, and yet the most unscientific methods in drug application the world has ever known, methods comparable with those of the Dark Ages, have been adopted.

It is not necessary to state that it is generally openly acknowledged that the study of *Materia Medica* and *Therapeutics*, up to the present

time, has been grossly neglected. The work done in surgery has been exceedingly important; the results accomplished in bacteriology, microscopy, pathology and in the origin and prevention of disease have never been surpassed. But for this advancement the most important branch of the whole *Materia Medica* has rapidly lost ground.

It seems to be as clear as day to those of us who study Therapeutics that the *Practice of Medicine* as a profession *has no right to an existence* if it does not consider the means by which the sick are relieved, are restored to health, and by which disease is overcome. Every possible disadvantage follows the lack of a thorough, persistent and systematic study of drug action. In this branch the energy has been expended on the so-called scientific branches. Energy should now be concentrated on this, but it should be done in the most systematic lines. Mechanotherapy, psychic therapeutics, physio therapeutics, in all its branches and with all it includes, are not auxiliary branches only, but they are not really great, as compared with the *real subject matter of true internal medicine*.

For the correct study, and for an exact scientific knowledge of this whole subject, *a system is demanded*—a correct, exact, rational, scientific system, based upon correct underlying processes, and developed by exact study and correct methods. This system must include in a correctly adjusted manner all other methods, each in its exact place, using each only where exactly and correctly indicated, and giving *drugs* full place in therapeutics, especially the *rational organic remedies* that act in perfect harmony with the normal processes of the body. This we are working for. This, developed, is our system.

Ellingwood.

Medical Authority in America.

Unsuccessful in its attempt to prevent the establishment of the Eclectic Medical Institute at Cincinnati, medical authority now adopted the most malicious methods to destroy the new college and the Eclectic Practice. Unable to compel its liberal competitors to practice medicine in accordance with its narrow views, allopathy resolved to boycott and defame those who would not yield to its demands. One Dr. Henry G. Piffard suggested a malicious method of persecution in the following utterance: "The most effective blow would be given to the new-born 'heresy' if the profession as a whole combined against it." Acting upon this suggestion, the American Medical Association was hatched in 1846. Ostensibly organized in the interest of medical science, the American Medical Association had for its real object the destruction of all opposition in medical practice.

Dr. Wilder, writing of the organization of the American Medical Association in "History of Medicine" says: "It had two principal objects: to grasp and hold all lucrative offices in the army and navy,

the civil service and hospitals; and to unite against the reformers and independent practitioners to deprive them of reputable social standing and to drive them from the field. In order to accomplish this more effectually a "Code of Ethics" was adopted excluding from fraternal courtesy and just recognition as professional persons all who were not in harmony with its conditions, and requiring absolute adherence to these conditions, even when human life was at stake.

"Able jurists have not hesitated to declare this 'Code' a combination against common law and a conspiracy against the public health

"Several lawsuits grew from this action of the American Medical Association, one of which resulted in a verdict of exemplary damages."

In answer to this action on the part of authority, the Faculty of the Eclectic Medical Institute published a "*Circular Address to the Medical Profession of the United States*," which contained the following: "The leading doctrine of the Eclectic Medical Profession, to sustain which this Institute has been established, is that the investigation and the practice of medicine should be entirely free and untrammelled; that no Central Body—no association, combination or conspiracy—should have the power to prescribe a certain *standard of faith or medical creed* which shall be received and forced upon every member of the profession by threats of professional disgrace and ruin. We recognize every enlightened, educated and honest physician as standing upon the same platform of professional respectability and enjoying the same rights, no matter what doctrines he may advocate in medicine, or what system of practice he may deem it his duty to adopt."

Thus we find medical authority engaged in its accustomed occupation, the vilification of honorable men. On the one hand we have a picture of the darkest malice; on the other hand, the hand outstretched in fellowship.

The age of rapine and murder had passed. Authority no longer dared to destroy men for opinion's sake; therefore it fell upon a plan to assassinate their character and reputation. Still holding within its benighted brain the instincts of the Inquisitorial Age, it poured its poisonous venom upon the heads of those whom it proscribed. For a period of sixty-five years authority, as embodied in the American Medical Association, has maliciously schemed against those whom it could not subdue. Having the advantage of *majority*, it has denied recognition to the minority, and denying to it the rights which belong to all, it has exerted all its power to crush and destroy. Proclaiming supremacy because of numbers, it has spent more time in political intrigue than in study to better the condition of the human race. With its polluted lips ever close to the ear of Government, it has slandered honest men. Secure against prosecution in the courts; it has emptied its vials of wrath upon the heads of seekers after truth.

At the period when the Eclectic Medical Institute was established, medical authority was represented in the West by the Ohio Medical College. No sooner was the Institute given a legal standing than the management of the Ohio Medical College began its crusade of slander and vituperation against the new institution and its Faculty. Professor J. P. Harrison of the Ohio Medical College and editor of the *Lancet*, a medical publication, made a vile and malicious attack upon the *Institute* which was published in that journal. I have not the editorial of Dr. Harrison, but I do have the reply from Professor J. R. Buchanan as published in the *Cincinnati Commercial*, a newspaper which indicates very clearly the attitude of Harrison. From this answer by Professor Buchanan we may gather a little of the slime emitted by authority against Eclectics.

Writing of Dr. Harrison's editorial, Professor Buchanan says: "The folly, the malignity and the falsehood of that document are so apparent upon its face that I regret that the limited circulation of the *Lancet* has concealed its *peculiar* beauties from the public eye. I shall take some pains to give it a wider circulation than its author ever expected.

"Dr. Harrison labors to produce the impression that all who differ from him in medical faith are a set of ignorant quacks, 'root doctors,' 'steamers,' etc. . . . But the special object of Dr. Harrison was to injure a rival school, not by stating principles and attacking them, but by . . . identifying Eclecticism with the silliest forms of quackery which *his imagination* could depict. . . . The assertions of Dr. Harrison upon this subject, then, are groundless and notorious falsehoods.

"To the public at large I would say: We have been assailed without provocation from the first, and with peculiar malignity. Every effort was made to prevent the incorporation of our school, to injure and degrade the Faculty and to injure all connected with the Institution . . . To the medical profession we would say: that our contest is not with the members of the profession, but with *selfish and intolerant leaders*."

This voice speaking to us out of the past accuses the *leaders*. These are the ones who constitute themselves *authority*. It tells a story of meanness and persecution. It shows an intent and purpose on the part of medical authority to destroy by any means at its command, the new thought that had arisen in medical practice. Although written sixty years ago, this tale relates a condition which existed before and since, and no doubt will continue to exist as long as men are governed by desire for power and place; as long as they are guided solely by selfish motives. The tale as told by Professor Joseph Rhodes Buchanan in 1849 may be told today with as much truth as when he

voiced it over sixty years ago. The present is but a fac-simile of the past. The intention to destroy remains the same, though the methods differ.

STEPHENS.

Hints and Winnowings.

While the greater number of Eclectic physicians have always advocated the adoption and strict enforcement of necessary medical laws, they have, with equal earnestness, opposed all attempts to secure legislation likely to abridge the rights of any person qualified to treat the sick. Time and events have afforded an abundance of evidence of the wisdom of the position taken by these representatives of our school of medicine. The laws favored by them are just and needed laws. This is clearly shown by the fact that through their means alone the numerous fungoid excrescences upon the medical profession, which many of us well remember, have been driven out of the profession. Previous to the enforcement of wholesome laws these parasites traveled up and down the land scattering their vile and lying advertisements over every door yard and on every door step. Many of them, to our detriment, were fond of calling themselves Eclectic physicians, notwithstanding the fact that they never were in any way connected with the Eclectic school of medicine. I was conversant with the origin of several of these mountebanks. One fellow, a helper in a fish market, whose only knowledge of medicine was derived from his association with a drunken horse doctor, suddenly because a "doctor." He procured from his worthless associate several prescriptions, advertised himself as a "Great Sanitarian," with nasal catarrh as a specialty, and in traveling through New England towns secured a small fortune from simple factory operatives. The histories of other and similar cases readily come to mind. These things occurred when we had complete "medical freedom," and there were healers in plenty—often "magnetic" and "clairvoyant" healers—for those were the days before "faith curists" and the cult of our old friend Eddy. Very few physicians would wish to return to that sort of "medical freedom," and yet there are those who say that medical laws are unnecessary. We should be ever watchful and vigorously oppose all unjust legislation, but in doing so it will do no harm to remember poor "old dog Tray," and be a little careful in regard to our associations and combinations.

In writing to the *Eclectic Medical Journal* in regard to the changed opinions of the leaders of the old school, Prof. John Uri Lloyd crowds a great deal of truth, as well as much valuable knowledge, into a paragraph of not over medium length. In part Prof. Lloyd says:

"No longer does the word Homeopathist or Eclectic in sound

or print give them a shudder, nor do they accept that remedies effective in the hands of more than ten thousand cultivated, intelligent, successful, systematic practitioners that the people trust are to be ostracised because some men do not know how to successfully use them. It is perceived by these thoughtful physicians that seventy-five years have been systematically devoted to the development of the Eclectic practice of medicine and to Eclectic medicaments. No cry of nihilism is heard by Eclectics, be they of the rank and file, or be they leaders. As an evolution the process of drug study has progressed both as concerns remedies and in practice. Confidence in their drugs and success in their application are evidenced in the result of Eclectic medication. The physicians are gentlemanly, courteous, as they as freely give of their treasures as they have thankfully received of others. One by one, an Eclectic specific medicine, or valuable compound thus becomes known to a member of the Allopathic school; it helps the recipient and credits Eclecticism. The medical nihilist ceases to be an authority under such influences as these. We speak advisedly when we say that Eclectic physicians would be more than gratified could they know the esteem in which their medicines are held by a host of fair physicians of the dominant school who depend on them in their practice, and who are fair enough to credit Eclecticism for their excellence, and who are fast learning that a system of medication that has progressively evolved for seventy-five years is not to be denied them in their necessity because the leaders of their school know little or nothing about either the practice or the remedies."

In making a physical diagnosis, especially in cases characterized by a considerable dyspnea, it is well to have fresh in mind the details of that form of difficult breathing known as "Cheyne-Stokes respiration," and which is sometimes seen in diseases of the heart and brain. It consists in a regularly occurring pause, lasting one-fourth to one minute, during which respiration is completely suspended. This suspension is preceded by a short, shallow inspiration, becoming at length very difficult; then the respiration becomes again shallow, and eventually comes to a standstill, as just indicated. The whole process occupies about one and a half minutes. This form of dyspnea is of a very serious import, and is usually followed by a fatal result.

The difference between stammering and stuttering is very interestingly explained in a recent issue of the *Medical Record*. The stutterer, according to the writer, pronounces all consonants and combinations of consonants correctly; he can speak normally when his speech is not interrupted by inordinate movements of the breathing, vocal and articulating muscles. The stammerer, how-

ever, cannot pronounce certain combinations of consonants while continuity of his speech is not broken. In other words, the stammerer always stumbles in the same place in his talk, while the stutterer is likely to stumble in any place. Stuttering is now successfully treated in several ways, one of which is by means of systematic exercises for the breathing, vocal and articulating muscles. These exercises not only develop the muscles involved, but favorably influence power derived from the nerve fibres.

That seasickness is not in any way connected with the stomach, but on the contrary may be directly traced to an influence derived from the ears, has been demonstrated to the satisfaction of Prof. Alexander Pollkinik, of the University of Vienna. In an interview, Dr. Julius Auerbach, who has just returned from Vienna, in substance said that it is an established scientific fact that seasickness is due to an irritation of the semi-circular canals of the inner ear. These canals have the function of enabling us to maintain our equilibrium. Irritation of them produces dizziness, nausea, loss of balance—in fact, said Dr. Auerbach, every symptom of seasickness. This can be shown by taking children who are dumb and those in whom the canals referred to have been destroyed by disease, as it is impossible to produce seasickness in such children. Dr. Pollkinik's account of his experiments and investigations will soon be published.

Every physician who has had much experience in the treatment of diseases of women well knows that no small number of his cases are the direct result of the work of the pesky little gonococcus. So far as the treatment is concerned, it matters very little whether the woman—as is often the case—is the victim of an ineffectively treated husband or not. In making the necessary examinations it will do no harm to give this matter due consideration.

A bulletin of the recent census places the number of centenarians in this country at 4,000, and it is interesting to note that a little more than 2,500 of them are women. From whatever source obtained, statistics all show the greater preponderance of women in the older population, and the greater the age the greater is this preponderance. The mystery of this tenacity of life in women still remains a secret. Some sour old bachelors, however, claim that it is mainly due to the supposed innate tendency of women to have the last word.

Every victim of scarlet fever is compelled by law to be placed under the care and direction of a physician, and such physician is compelled by law to report all such cases to the proper authorities. Why is this so? A case of scarlet fever is not nearly as dangerous as a case of syphilis, and the physician is practically compelled by our laws to treat the latter in secret, and often in such a way as to endanger the well being of the innocent.

A grandmother of two children at the age of twenty-nine years is more or less worthy of mention as the youngest grandmother on record. This woman, a native of Georgia, became the mother of a daughter at the age of thirteen years and three months, and the daughter at the age of less than sixteen years gave birth to twins.

J. W. F.

Orin Davis, M.D.

Just as we go to press we receive word of the death of Doctor Orin Davis, who for the last few years has resided at Sawtelle, Cal.

Doctor Davis was in his 88th year. The Doctor has devoted his life to this reform practise, was a charter member of the New York State Society, Professor of Materia Medica in the reform school at Syracuse and later lectured upon the same subject in the Eclectic Medical College of the City of New York. In the early volumes of the Transactions of the State of New York can be found many articles of value from his pen.

When the National Eclectic Medical Association met in Los Angeles a few years ago, Doctor Davis was in attendance and addressed the meeting with a strength and vigor that would have done credit to a man of fifty. The New York delegation pointed to him with pride as one of their pioneers, for in spite of his years he never lost interest in the cause.

Original Articles

Diet in Disease.

Read before New Jersey State Eclectic Society, Dec. 13th, 1910, by
G. W. Thompson, M. D.

Diet in disease has always been somewhat kalediscopic, and will without doubt so continue until the difference of opinion existing as to the cause of diseases and the treatment ceases to be speculative. In fact we are but little if any nearer to a logical method of feeding than when the old axiom was in vogue of feed a cold and starve a fever.

The knowledge that we now have of the organs of the body and the part that they take in digestion, absorption and assimilation, the chemical composition of the secretions and the excretions, and the body as a whole, it would naturally seem that any excessive waste of any of the elements could easily be supplied by a proper diet. This could be done much more easily if we had a perfect knowledge of the exchanges that the chemical compounds are making with each other in tissue metabolism, and if they were always making the same exchange even in health, which is quite evident, they are not doing by the quantitative

analysis and qualitative of the normal constituents of the excreta. In disease these manifestations are more marked than in health, and often the normal elements of the excreta are reduced to a minimum or disappear entirely, while some will increase, and new ones appear. Again disease usually gives a sufficient number of symptoms whereby they are recognized, but oftentimes there will be so many other conditions interjected that the clinician is somewhat in doubt and the question of diet becomes problematic.

The clinical dietist has from time to time given formulas for a diet in special diseases. They have been subject to frequent revision, as new discoveries have been made. Every physician belongs to this class, and their views are almost as much at variance as their geographical location. There are several reasons for this when we consider the difference in natural conditions as to quality of food, water and air. Thus we find a Kansas physician having the greatest of success feeding infants on condensed milk while a city physician is worrying his life away trying all of the advertised preparations that are so efficiently demonstrated by the paid doctor and chemists that visit him.

There is too much attention paid to the proprietary foods. Although frequently recommended by prominent doctors, the same inducement that caused the proprietors of the food to enter into the manufacturing of it often obtains the recommendation.

Before a proper diet can be selected, the organs that are involved in the disease must be considered, the part they take in digestion, absorption, elaboration, chemical interchange, tissue construction, storage and elimination. A diet can be then selected that will not overtax a diseased part or burden the healthy. Very often a partial predigested, elaborated or a modified food is required. And much oftener than is supposed, little or no food for a time is beneficial. As a diet milk is the most universal, and but very few have escaped it, yet its quantitative chemical composition is quite variable, and is becoming more and more so as supplied to large cities, when of necessity it has to be brought from a great distance. The agitation makes a marked change in the chemical relation that unfits it for infant feeding.

It must also be remembered that the specific gravity of the milk changes in a free flow and scanty; that the amount of fats will increase and diminish by feeding, and that the cow is not the docile, nerveless creature that many suppose, for she is an exceedingly sensitive animal and transmits to her secretion much that may not be injurious to a healthy person that would be obnoxious and even injurious to a sick one. Onions, turnips, garlic, helebore, birch, cedar and odors can be detected for days after partaking of them in the butter and the milk. Water that is hard increases the solids of the milk, and a blow or fright has caused cows to hold their secretion for a time, and in instance a complete suppression. Some breeds are more sensitive or nervous than

others, and abuse has a greater effect on them than on others. Some give a larger percentage of fats to their milk than others. Milk cannot be considered wholesome for the feeding of infants, unless the cow can be cared for properly and fed upon a uniform and wholesome food. The marked increase of infant mortality in the hospitals in the city this past season is without doubt due to climatic conditions (exceedingly dry) that necessitate forced feeding to obtain a supply of milk to meet the demand, the long haul, the mingling of milk from separate herds of different draughts, and age before reaching the consumer, does not enhance its value for feeding. It is well known that the changing from one animal's milk to another often causes a healthy baby to sicken. What the effect must be on the ill infants I leave to your imagination. This condition will not be eradicated until the State or the municipalities provide hospitals in rural sections where a herd can be selected that will have proper attention.

In diseases of all kinds milk is considered the most appropriate diet and is more indiscriminately used because it contains more of the constituents of the body in solution than any other food; nevertheless, its abuse has sent many a one to their long rest before their time.

In acute diseases there is more danger of over feeding than in chronic, and the higher the fever the greater the danger. It has been estimated that a person of 150 pounds weight at rest, loses about 2,300 calories per day, and in fever of 103 or 104 degrees it is increased 25% or 30%. If this is not supplied by food a draught on the tissues is so great that when the crises of a disease is past the vitality is so sapped that the patient is unable to rally. One prominent physician connected with the Johns Hopkins University reports on the result of feeding in typhoid fever and states that the patients liberally fed on milk, bouillon, eggs, jelly, junket and soups, suffered more relapses than the ones that were dieted with milk, whey, albumin and some other foods more sparingly, but the percentage of mortality was in favor of the liberally fed. It is quite evident in this report that there was none that were fed very little to compare with. In this report it is said that milk would be unable to supply this caloric waste, as it would require two or three gallons per day, and that more elaborate feeding was necessary. My experience in typhoid fever does not coincide with this theorizing, for since I ceased feeding milk or in fact little more than hot water stained with milk and one or two teaspoonsful of panopeptones a day, or a little albumin water or slippery elm bark decoction, my patients have recovered. When I fed with milk and other foods, hemorrhage and a large percentage of deaths was the result. Without doubt the milk diet in our institutions is the cause of the large percentage of deaths in typhoid fever.

There are a few signs of a return to the abstinence of food in gastrointestinal disturbances. In the infant hospital of New York City

it has been stated that babies are allowed to remain without food for from 24 to 36 hours when first admitted, and that frequent fasts for several hours at intervals enforced with better results than when they are fed. I have practiced this method for years with the most excellent results, satisfying the thirst with baths of warm water and normal salt solution enemas and the subcutaneous injection of the salt solution. Only recently a child sixteen months old wasted to a skeleton suffering from a gastro enteric catarrh, seemingly hopeless. I treated with high enemas, and the stomach was relieved of curd by washing improved at the rate of two pounds per week and health restored. In this case the first high enema of a pint of a salt solution produced a marked facial and hand edema, and at one subsequent injection it did the same; as soon as the patient ceased vomiting, and purging four ounces of a crust coffee was given (ordinary white 4-ounce bread toasted until the outer part was slightly charred, and a quart of water poured over this and allowed to boil, then strained, a little salt added and a small amount of *sachra lactis*). After a few days the amount was increased, soon a little milk was added and a small amount of cream, emulsion of cod liver oil every other day and saline baths once a day. I have found that the offensive stool disappears rapidly with the crust-coffee feeding, particularly the sour, offensive odor seen in catarrhal enteritis. I have also used the burnt corn, rice, oats and barley (4 oz.), grinding them after roasting, and then boiling for two or three hours in a quart of water, and straining, and adding a little salt and sufficient water to make a quart. I sometimes add a little cream, giving 4 to 6 oz. at a time. With children old enough to handle the drumstick bones of chickens, break it sufficiently for them to suck the marrow. I have also smeared the bone with marrow from soup bones and permitted the child to suck upon that. It beats the rubber nipple ever so much for nutrition. I have a reason for this later procedure. It stimulates the salivary glands and stomach to extra gastric secretion, and both help intestinal tone, much of which is lost when the marrow or fats are given in mass into a stomach that in health does little towards digesting this kind of food, but is capable of absorbing some when mingled with mouth secretion even when the stomach is unhealthy.

Dr. Remey advises the following: Carrots, $1\frac{1}{2}$ oz.; potatoes, 2 oz.; turnips, $\frac{1}{2}$ oz.; dry haricot, $\frac{1}{2}$ oz.; dried peas, $1\frac{1}{2}$ oz.; water, one quart; boil for four hours, then strain and add enough water to make up the original quart. To this add about 70 grains of salt. It is said that infants that cannot digest milk will digest this when thickened with a little flour, potato meal or toasted bread. I have never used this and cannot speak from experience of the value. I should hesitate some about using so many nitrogenous articles in catarrhal enteritis, as it seems to me to be a powerful gas-forming preparation. A little gela-

tine often is advantageous with some of the cereal preparation, and sometimes a 5 to 10% solution of gelatine will prevent fermentation and cause the offensive odor to disappear from the stools. Lactic acid is also useful when the stools are green and one medicant I invariably use in these cases is castor oil. Butter milk in intestinal disturbances has proved of little value in children. Scalded milk diluted and the raw wheat flour stirred in water that has been sterilized and allowed to get cold I have found beneficial in copious watery stools. Those above the age of the milk diet. Milk allowed to ferment with the lactic acid bacilli is the latest of note in feeding and bouillon treated with the bacillus is recommended. I have discarded the use of milk in all acute cases where the temperature is high, except in breast feeding, and the stomach not in the very best of condition. The stomach's condition cannot always be determined by the tongue, as I have seen the tongue exceptionally clean and milk thrown back in the thickest and most tenacious of curd a few minutes after drinking, and in young children marked nervous symptoms and convulsions that only disappeared after the stomach had been relieved of this mass by washing the stomach.

Diet in chronic cases requires a careful study and can be adopted gradually along lines that are indicated by a careful study of a disease and the examination of the fæces to see if the proper digestion is taking place and the urine as to the elimination of any of the elements in excess, or found wanting. These examinations should be made at regular intervals and should be made more frequently in acute diseases, not only for the above reasons, but for complications that are frequently manifested here.

DIET IN DIABETES.

The régime that has been laid down so frequently as an exclusive proteid or meat diet has few advocates today among the students of diet. Each case should be studied carefully and the condition of the patient carefully observed after a diet is selected, and under no circumstances should the physical condition be undermined for the sake of a modification of the quantity of sugar in the urine. Some cases will do well on a meat diet with a small amount of the succulent or sugar free of carbohydrates, while other cases require a diet containing a considerable amount of extraneous matter to stimulate the digestive and the excretory organ to healthy work, and any diet that stops this work so that drugs are required to enforce them, cannot on the whole be beneficial. Some cases of diabetes will require fats, and oxydization is increased and benefit derived, while other persons cannot tolerate any fat. Some cases show a marked increase of sugar after taking butter or fat in large quantities. Some cases of diabetes are of a compensatory form where the liver has acquired a habit through excessive vegetable or sweet diet for years that continues to perform this work even after the diet is restricted. These cases seldom are found until some ill is felt

from other causes and the sugar is discovered. In a neurotic person this discovery is a calamity and will be the beginning of chronic ailment all traceable to diabetes, and their future existence a torture.

Some cases cannot get along without carbohydrated blood, and the oatmeal cure has advocates. In pancreatic diabetes it is wise to give a predigested or a partially digested food and the liberal use of bicarbonate of soda and a small amount of pancreas and a more strictly meat diet, bouillons, soup stock, fish, spinach, celery and cress in other forms. No diet can be laid down suitable for all cases, and each case must be studied carefully, always remembering that the nervous system often rebels and must be catered to as often as the digestive organs, and to give food that is exceedingly repulsive often works harm.

GOUT.

It is not necessary to enter into the different theories that are advanced by the several investigators as to the cause of gout, whether the increases of the acid urate of soda of this precipitate as a uric acid, is permitted by a diminished alkalinity of the blood. Whether there is an accumulation of uric acid in the blood, whether there is a crystallization of the biurates of soda precipitates an acute attack of gout, whether it be due to tissue necrosis attributed to the presence or a hypothetical ferment and the uric acid is without etiological effect, is deposited at necrotic points, or whether uric acids are the sole cause of gout, as it appears in excess in leukemia, pernicious anemia and other diseases than whether for unknown reasons the nonvascular tissue having less alkalinity than the blood, whether the xanthine bases are toxic or not, or that a union of urea and glycogen are formed in the kidney to regulate a diet. It has been definitely settled that the blood shows diminished alkalinity, that the urine shows an increase of the acid urate of soda that there is an increase of the urate of calcium and ammonium, and the attack has been favored by excessively rich diet, malted drinks, sedentary life, occupation, that these facts must be taken into consideration, and in addition the physical condition of the patient as to obesity or emaciation, as well as their nervous temperament, when a food can be selected that will prove of value in modifying and eliminating the disease.

A diet for the indolent in quantity and quality would hardly suffice for the lead worker or the employees in a brewery, or a beverage suitable for a person suffering from interstitial nephritis or arteriosclerosis and those that are free from these ailments, and, as H. C. Wood properly states that there is no diet for gout, but there is a diet for patients suffering from gout. Food must be diminished for the indolent, and the rich food must be eschewed, succulent vegetables, as the cabbage, string beans, lettuce, salads, spinach and greens, substituted for the highly seasoned meats and game, and fish that contain large amount

of protein, as the salt herring, mackerel, cod, halibut, while the fresh fish and the breast or white meat of the chicken taken sparingly. Eggs are permissible, as the nuclein in them does not form alloxin; stale bread, milk with vichy; meats for laborers, as it contains less extractive matter than the roasted or the fried. For drinks, use the alkaline waters, milk freely, some of the wines as the Rhine, Moselle, fruits except the pears, tomatoes, bananas and strawberries. Avoid puddings, pies, cakes, cheese, dried meats and condiments, liver, sweetbread, brain, malt liquors, teas, coffee.

Uricemia is frequent in meat-eating people and is increased by the use of tea, while it does not seem to increase the uric acid in the urine of vegetarians as observed among the Japanese, Hindus and Arabs. Among these people tea and coffee, as well as the chocolates, are permissible.

The meats and eggs should be reduced to a minimum and not used at all if it does not impair the health of the patient when they suffer from nephritis, and in arterial sclerosis waters that contain a large percentage of the calcium and the phosphate salts, as well as the medicants, should be avoided. The ammonium and potassium salts should be used with caution in cardiac lesions, and in cases of suspected aneurism or cardiac dilation without compensating hypertrophy, liquids should be reduced to a minimum, about 30 ounces per day; 50 is considered excessive, as it increases the arterial tension. Often in these cases a partially predigested and more concentrated food is necessary. In chronic heart disease milk is useful for its medicinal effect, as it is an excellent diuretic.

Lobelia Hypodermically Administered, Its Medical Influence and Physiological Action.*

BY FINLEY ELLINGWOOD, M.D.

In the presentation to the profession of a comprehensive consideration of lobelia, I am overwhelmed with the mass of facts that have been presented to me, both from my own solicitation, and from matter referred to me by Lloyd Brothers, whose opportunity for collecting facts has been greater than that of others, so much so that I have found it difficult to arrange them in order.

Notwithstanding this immense accumulation in a very short time, the remedy is an old one. In fact, lobelia was one of the very first of the indigenous remedies of the United States to be conspicuously brought before the notice of the profession. The fact that the Indians had used it attracted the attention to it, and from this fact Samuel Thompson became interested in it to such an extent that he used it, and

*These results were obtained with Lloyd's Hypodermic Lobelia, a few, however, of the first being the specific Medicine.

capsicum, as almost his complete armamentorium of drugs at least for a time.

FIRST USED BY DOCTOR JENTZSCH IN DIPHTHERIA.

It is passing strange that for more than one hundred years, notwithstanding the persistent use of the remedy by mouth and per rectum by the leading men in our school, and its advocacy by our most conspicuous teachers, no statement was published (at least to attract attention) of its use hypodermically. It is almost exclusively with its hypodermic use that the facts presented in this article are determined, and this was brought about by an observation made by Dr. Ernst Jentzsch of Chicago, when his own child was in the throes of death from *fulminating diphtheria*. We quote his own words, from his first public statement, except he stated that the suggestion came to him as an inspiration, and he reiterates the statement made that the confidence with which he gave the first dose was most remarkable: "My boy was stricken with a fulminating case of naso-pharyngeal diphtheria. The serum antitoxin was exhibited promptly in sufficiently large doses and repeated, and with no other result except that the child passed from an active asthenic condition, with dyspnea, into a passive collapse and apnea. This I had witnessed before, and knew it to be fatal with certainty. I was therefore in despair. I filled my hypodermic syringe with the pure specific medicine lobelia, and gave the child the entire dose subcutaneously. Strange to say, I gave it with a confidence altogether out of proportion to the circumstance. However, the result proved this to be justified, for the patient responded immediately in a marvelous manner.

"All the fatal symptoms gave way to those of returning health, the patient passing from a death-struggle into a peaceful slumber, from which he awoke after three hours, somewhat weak. Another dose was given, which was followed by a still more pronounced reaction for the better. The patient from that time continued to convalesce, and, with the exception of a post-diphtheria pharyngeal paralysis, made a rapid recovery, the paralysis yielding to another dose of the same remedy.

"In conclusion, let me give you a concise description of my method of treating diphtheria. In any case where there is the least suspicion of diphtheria I give a half drachm dose of the specific medicine lobelia hypodermically, and repeat in from two to twelve hours, once or more times, as indicated, until reaction sets in, which means a return to health.

"Systematic remedies I give according to specific indications.

"By experience I have found the hypodermic injections best borne by the patient when injected anywhere on the trunk, abdominal parietes, the back and thighs."

This was seven years ago. The marvelous results made such an impression on Dr. Jentzsch that he immediately undertook a series of

physiologic experiments to determine the action of lobelia so administered upon all the vital functions, and especially to determine whether the powerful depressant action shown with its emetic effect, when given by the stomach—its persistent irritation of the gastro-intestinal tract were not present when administered hypodermically. In giving it to healthy animals he noticed the emesis usually anticipated was absent in many cases, but if present it was with the first injection only, not subsequently. He observed but slight increase of blood pressure, softening of the pulse, slowing of the respiration and moderate salivation, followed by quiet, with inclination to sleep if not disturbed, but alert and fully conscious when aroused. He then began the use of the remedy in line with these observations, and quickly observed its powerful restorative effect, and the fact that it was devoid of depressing influences, of toxicity, in anything like a reasonable dose; perfectly safe in its action and remarkably prompt when correctly indicated.

At the close of this article I shall give a summing up of the opinions of all observers concerning its physiologic action, and will proceed at once to present the detailed reports of the individual observers in specific conditions, beginning with Dr. Jentzsch's own observations.

DIPHThERIA.

The Doctor has treated up to this time, since his first experience seven years ago, between three and four hundred cases of diphtheria. In summing up his conclusions to me, he has lost none of his first confidence in the remedy, but in one case he found it necessary to give antitoxin, because of the sentiment that was created by the health authorities, although he observed no difference in the beneficial influence of his own remedy. He has treated every variety of the disease and has lost some cases, but did not keep an exact record of the cases treated or lost, but has confidence that the results were plainly more satisfactory than those he previously obtained from the almost constant use of antitoxin.

Dr. J. E. G. Waddington of Detroit was not favorably impressed at first, neither by the statements made concerning lobelia, nor by the results he obtained, but now having treated a fairly large number of cases, he believes that the remedy will take the place of antitoxin, although he thinks the membrane does not disappear quite as quickly with lobelia as with the other remedy.

Perhaps lobelia acts more upon the vital forces and less upon the intoxicating influence itself. If so, it is the safest remedy to depend upon, and, if so, perhaps combining it with some powerful antitoxic remedy like phenol or echinacea would facilitate this influence.

He gives five c. c. hypodermically to an adult and does not repeat oftener than once in twenty-four hours. He notices improvement usually from the first. The restlessness is overcome, dryness of the throat and mouth disappears, and there is a sense of well being which greatly encourages the patient.

In one malignant case, thirty-two years of age, seen late, the throat was cleared in three days, but the patient died of heart failure. The tissues of the neck and face were enormously swollen and the injections were only given once daily.

A girl of four years died on the seventh day of hemorrhage from the tissues. The membrane had entirely disappeared.

Dr. Collyer of Illinois reports a case of diphtheria in a ten-year old child. Ten drops of lobelia were given and repeated in six hours. No other treatment was used except a gargle of peroxide of hydrogen. There was an immediate abatement of the symptoms, and a satisfactory recovery. There was slight inflammation at the point of the injection, but no suppuration.

In another case of diphtheria in a man of twenty, twenty drops of lobelia non-alcoholic were given, and repeated in six hours. The improvement was apparent very quickly after the first injection and continued to complete recovery, with no other medicine except a gargle of peroxide of hydrogen.

Dr. Wilkenloh of Chicago reports in *Ellingwood's Therapist*, March, 1909, a family that was severely infected by diphtheria, four of the children being attacked in a virulent form, all of whom were saved by the persistent use of lobelia injections. The character of the disease was confirmed by cultures and the cause was determined, and that the cure was brought about by this remedy was without any doubt.

The *Medical Harbinger* of January, 1909, reports that Dr. Waterhouse and Dr. Stephens tried lobelia hypodermically in two bad cases of diphtheria of long standing. The older patient died; the younger one improved slowly, but after five injections in this case there was so little benefit from the lobelia that it was abandoned.

Dr. Lissman used lobelia hypodermically in many cases of diphtheria with good results. "I had," he says, "an especially severe case of laryngeal diphtheria where the patient was nearly choking, and I used it with wonderful results. It worked perfectly."

Among Dr. Jentzsch's other reports two years after the first were made, he says: "The last two years I am using Lloyd's hypodermic lobelia, which is non-alcoholic, in place of the specific medicine, in the same strength and in the same dose. Everything I claimed for diphtheria two years ago, I must emphasize today after two years' further experience. Before reporting I had had three years' experience and with not a single unfavorable report, and since then I have treated between thirty and thirty-five cases of diphtheria, and in the last year or two they seemed to have the character of malignancy more than they did before, and they all got well.

"I lately had the case of a girl of eight years who came down with hemorrhagic diphtheria. The pharynx and the nasal passage were covered with membrane, protruding from the nostrils. The pulse was

almost imperceptible. I gave her seventy-five minims of Lloyd's hypodermic lobelia in the morning; in the evening I did not give her another dose, but the next day I gave it again, but she seemed not to improve satisfactorily, and therefore I gave her another dose the next evening, and in four or five days this little child was on the way to recovery. After the second day she developed a small fever in complications, and this case I am sure would have died under any other method of treatment."

In one case of diphtheria the doctor gave fourteen injections of seventy-five minims each, to a girl of thirteen, in a case that seemed absolutely hopeless, with most satisfactory results, and no unpleasant effects whatever from the remedy.

I have not been able to get individual reports on diphtheria, as full as I should like, for publication. They are not prepared with the special care that such reports should have to be highly authoritative. After four years of observation, I would say, the profession is looking upon this course more sanely, with less excitement, and concludes that from the whole it is a most valuable auxiliary to our methods of treating diphtheria; that it antagonizes more perfectly, perhaps, than any other one remedy all the conditions which result from the effect of the specific toxins, and from the mixed infections which are apt to follow. In most cases it antagonizes these toxins promptly and satisfactorily, but in an occasional case there seems to be a necessity for a more active antiseptic remedy.

But very few deny any benefit whatever, in diphtheria; others have not patience to carry out the use of the remedy, and still others have been unable to observe satisfactory results, because, I think, of improper use of the remedy, or because of its local influence, which at first was a very great objection to its use at all. This will be discussed under the physiologic action of the remedy.

CROUP.

During the course of the observations from the use of the remedy in diphtheria, it is only natural that a great many observations would have been made concerning the action of the remedy in croup. They have been almost universally favorable. Whether the case was one of simple spasmodic croup, or one of the pseudomembrane croup, or the severer form of diphtheric croup, the results were the same. In October, 1908, Dr. Borland of Franklin, Pa., reports a case of pseudomembraneous croup in which antitoxin had been used, and the patient was in a dying condition. Thirty drops of specific lobelia were used during the day, but no great apparent benefit was seen. At half past six the boy, ten years of age, was given sixty drops, and at nine o'clock in the evening one and one-half drams were administered. The boy became easier and slept. Early the next morning another dose was given. He passed a restful day, breathing without apparent effort,

coughing occasionally, and expectorating shreds of membrane. The next day he coughed up a piece of membrane three inches long and one-half inch wide, and quite thick. The recovery from that time on was rapid.

Under date of February 23, 1909, four months later, Dr. Borland reports that he had treated one case of croup since last reports, with ten-drop doses of hypodermic lobelia, which was sufficient, as vomiting followed and the membrane was ejected. This was followed by the old-fashioned emetic powder in solution. There was no return of the unpleasant results.

Under date of March 24, 1909, Dr. J. S. Hendricks, DuQueen, Ark., reports using lobelia in the treatment of croup. He writes that the child's parents recently moving to his town had some specific lobelia, and advised him to use it hypodermically for the child, because a previous physician had thus cured a very severe case of diphtheria, in one of the other children. The condition increased in severity, until he followed their advice, and used a syringe full of the lobelia. In twenty minutes the child was comfortable and had no further trouble from difficult breathing. There was no evidence of any depression of the heart whatever from the remedy, and there was no nausea. The doctor had been previously afraid to use lobelia, and thus used it with caution in this case, but was convinced of its specific and active influence. In the case of diphtheria referred to, antitoxin had been used without effect. The patient was saved with full doses of lobelia.

Dr. Blumer of Brownsville, Neb., has obtained satisfactory results in every case without unpleasant effects from the injection. In one case of croup he had marvelous results. He reports that he takes pains to render the point of the injection antiseptic, and applies a cotton pledget, saturated with echinacea.

TONSILLITIS.

It is also natural that acute cases of tonsillitis should be brought under the influence of this remedy when the observer feared diphtheria. In one very severe case Dr. McLachlan used four injections, four hours apart. There was faintness and slight nausea after the first injection. No subsequent unpleasant results and a very prompt recovery. In another case a physician, whose name is not given, reports a severe follicular tonsillitis which responded promptly to this remedy.

So satisfactory is the treatment of tonsillitis with the usual remedies that without severe constitutional conditions but few physicians would deem it necessary to resort to this remedy, but where the circulation and heart's action are influenced, and especially where convulsions are threatened, or where the toxins plainly induce severe constitutional conditions, or where there is a tendency to persistent recurrence, this remedy may be given promptly, and as persistently as needed.

Origin of the School of Eclectic Medicine.

(Extracts from addresses delivered at the meeting of N. E. M. A., Louisville, Ky., by G. W. Boskowitz, M. D.)

Ladies and Gentlemen:

I really feel that I am privileged to say "friends," because since we have arrived in this beautiful city of Louisville we have been so kindly and cordially treated by everybody that I feel we are among friends. So, "friends," I want to welcome you to these exercises this evening, and hope that you may be interested in what will be presented to you, and that when you return to your homes you may at least have one thought to carry with you that will be of benefit and pleasure to you.

I have been requested this evening to address you upon the "Origin of the School of Eclectic Medicine," but that subject is so vast, so big, that it would be impossible for me in the time that is allotted to the speakers this evening to touch on the subject. I shall simply try to correct one or two errors that are common that exist in relation to the thought of the founding of this Eclectic practice of medicine.

* * * As to the origin of the Eclectic practice of medicine. It started just as all reforms start, by the uprising of the people to protest against existing methods, against the evils of the times. And about one hundred years ago, or a little less, this practice of medicine was certainly a very crude practice. It is not necessary for me to go into details and tell you about how they blistered and bled and mercurialized. You know all about that, and so what I want to draw your attention to is the fact that the men who led in the reform for Eclectic medicine were not farmers, were not ignorant, uneducated men who had never studied medicine, but this school of medicine was started by men who had had thorough training, who had attended the colleges of the day, who had received all the advantages that anybody could receive in the study of medicine eighty or ninety years ago.

If I was to select just one man as the representative and founder of the school, I would call your attention to Dr. Beach, and I am proud that he came from the little State that I hail from—New York. So many have been under the impression that the founder of the Eclectic practice was Samuel Thomson, a man who never attended medical school, but who was a powerfully strong, conscientious man and a careful observer. He had traveled through all parts of the country and had observed the wonderful relief and the many cures that were made by the administration of decoctions, or infusions, or teas made from the plants of the earth; how they would cure the sick when the learned physician failed. So when these men who had associated themselves with Wooster Beach—men like John King, Robert S. Newton, Wilbur Powell and many others—when they were looking for an improved method, for a more humane method than any which was in vogue at the time, they adopted this materia medica, these plants and roots and

herbs, and they have gone ahead and improved and developed it, so that today the Eclectic practice of medicine boasts of the finest *materia medica* of the world.

When this school was founded a fever patient was denied a drop of water; children who suffered from the diseases of childhood, such as measles and scarlet fever, were kept in closed rooms, windows closed tightly; air and sunlight were not in the armamentarium of the physician of those days. We Eclectics are the people who demanded air and sunlight given to these patients, and water which saved their lives. Others may claim this, but we can prove that until the time that Thomson, Beach and their followers began to use these remedies and to decry the methods of the time, that water, air and sunlight were denied to these patients.

But I am getting into deep water. If I go on in this way I will hardly know when to stop, and I am afraid I will be interfering with Dr. Ellingwood and Prof. Lloyd. * * * But before I retire I want to tell you one further thing that we Eclectics are responsible for, and which I think is perhaps one of the most important things in the founding of this school.

It was the habit—it is the habit for most doctors—to spend a great deal of time in finding a name for the conditions that exist, and then to prescribe for the name, and we Eclectics are the people who have changed that; we prescribe for the individual, not the name, and the condition that presents itself. Do not wait until your patient is at death's door and then try to prescribe, but prescribe for the patient, the individual, as you find him the minute you see him. * * *

OUR OPPORTUNITY AND DUTY.

At this present time a great opportunity presents itself to this Eclectic school, an opportunity which we should not allow to slip by. I have been connected with the school quite a number of years, and I feel that this present time is the time for us to act. Although the old school is fighting along the lines that have been spoken of by Dr. Thomas, there is at the same time a great revolution going on in that very school, a revolution that will disrupt it, and out of the ruins we can find much material that will help this school of ours. The profession generally, the old school profession in particular, is getting a little tired of reversing itself every decade. They are getting a little tired of this laboratory method, of this vaccine therapy, of this means of diagnosis that takes just long enough for the patient to die before you find out what is the matter, and they are looking for a voice that will lead them out of that wilderness. We have an alternative to present to them in the value of our vegetable remedies, and let us present it in the proper form. We who have studied the vegetable *materia medica* know that the facts we have today were the same last week and last year, and will be the same next week and next year and for a hundred

years to come. These old school people are ready, they are looking towards this vegetable kingdom for help. You who are following the literature of the school probably may have noticed how a New York medical journal, a prominent old school journal, is writing up vegetable therapy. It is devoting ten times the amount of space to that subject today that it did five years ago. So let us continue to study and restudy these vegetable remedies and present the facts to the people and the profession. Yes, I say, the people as well as the profession, and it is the people that we want to reach. No reform ever succeeded that did not take the people to its heart.

Samuel Thomson was negative so far as literary education was concerned, yet he was able to show the people what he could do. The facts were there, even though he may have presented them in a crude way, and the Act of '48, which was the greatest thing that ever was accomplished for medical freedom in America, was due to the work of Samuel Thomson.

Just one other thought is in my mind on this question of getting to the hearts of the people, and that is that in doing so we must try to be impersonal. Do not place self before the cause; place the cause first.

When I talk against the allopaths I do not mean any one individually. I have a great many close personal friends in the allopathic school, very dear friends, socially and professionally. I am not talking against the individual, but against the school as a whole. * * * Be impersonal all the time and everywhere.

Now just one thought more. We all love this cause, and we want to see it prosper; we want to see it continued. Are we all doing our full duty? We ought to occasionally wake up and ask ourselves that. The best way to have this school continue is to fill your medical colleges. Are you doing your duty in that particular? Are you looking to the right and left, and selecting properly qualified young people and sending them to our colleges? It is true we hear a great deal of talk about the overcrowding of the profession; but you do not hear much about that, or any of it, in our branch of the profession. We who are connected with medical colleges in different parts of this country are continually being written to by friends who desire us to send to this community or that Eclectic practitioners. We cannot begin to supply the call that comes to us. That is not simply so of our college in New York; it is so of all the colleges all over the country. The overcrowding cry comes from these large universities where the proper qualification seems to be the money in bank; where the rich man sends his son, not because of any special fitness for the profession, but because he was unfit for anything else, so they make a doctor of him. We should look about us carefully; we should tell the advantages of our system of practice to our friends and to the people in our communities, and work hard to fill our institutions, because they are the source of supply that should

properly perpetuate this cause; and instead of sitting about and grumbling and finding fault with the people who are managing the institutions, would we not be doing better if we helped them by sending them students?

And now just one other word in conclusion. Besides sending these institutions students, we ought to keep one other thought in mind all the time. We should continually place before our patrons and our friends who are well situated financially, the needs of these institutions that are doing so much good for humanity. We should try to induce a little of this money that the country is so full of to come into the possession of some of these Eclectic medical colleges. If we had one college among the many that was properly endowed, it would do the school an immense amount of good.

I would like you to hold these thoughts close to your hearts and remember them. I thank you.—*The National Quarterly*.

Items from the Field of Neurology.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

Tremor is a constant symptom of hysteria following accident. It is common in the form of a rapid, fine tremor of the fingers and hands such as is found in many cases of neurasthenia. It will often remind you of the tremor of paralysis agitans or the coarse movements of multiple sclerosis. It is very marked under excitement and fatigue, and is absent during sleep.

Most of the statistics on the subject of insanity as a result of head injuries are obtained from asylums. These statistics are very misleading. Meyer found 23 cases (or less than one per cent) out of 3,000 admissions, in which mental symptoms followed a more or less severe traumatic injury. It would seem from close observation that trauma capitis is the chief cause of insanity in less than one-half of one per cent of the cases.

Paroxysmal sleep is apt to occur in the members of neurotic families in conjunction with other signs of morbid emotional sensibility. In a case recorded by Marduel, the patient had an attack of narcolepsy an hour after an emotion, but the attack was preceded by general tremors. It is an established fact that emotional disturbances play an important part in the production of narcolepsy. In some cases the attacks of narcolepsy will alternate with vertigo.

Indian hemp is a prominent factor in causing insanity in India. It is smoked, drunk and eaten. Most of the cases are of a temporary character and quickly recovered from. In others, a more persistent form of mental disturbance occurs, which will persist for quite a few months.

In every student of morbid erotism, the distinction between love and lust must be sharply drawn, as between healthy erotism and perverted sexual passion. We must separate disease from depravity of mind. Morbid erotism presents both normal and abnormal psychological aspects.

Fourteen cases of paralysis agitans are reported by Camp (Journ. Amer. Med. Ass'n) with complete post mortem examination in each. Many of the muscle fibers were swollen, and in cross section were round instead of normal polygonal shape. There was a marked increase in the number of nuclei within the fibers, many of which were smaller, denser and rounder than normal. Camp concludes thus: "Paralysis agitans is not a neurosis, nor is it a senility. It is a general toxemia, and it is due to alteration in the secretions of the parathyroid gland."

The importance of the pre-insane stage of acute mental disease cannot be overlooked. A patient usually requires weeks or months before reaching the boundary line of insanity. The alienist is not called till actual insanity exists, and the general practitioner fails to grasp the situation until it is too late to adopt preventive measures. Yet the early symptoms can be recognized without much difficulty. Chief among them are diminished power of concentration and intellectual effort is at a standstill. The will power and energy is lessened. Mental depression is marked. Affections become dull and senseless fear is present. Insomnia is an early sign, accompanied with distressing dreams.

Although it is no longer possible to include all the criminal insane in one special class, yet one fact remains very evident: namely, the frequency with which epileptoid forms seem to prevail.

Hyoscyamus is a very old remedy in insanity and when given in proper doses is decidedly useful, but in using hyoscyamine much care is required. It should be given only in recent mania and in cases who are in good bodily health, while in acute mania, periodical insanity, I would rather use duboisine, as it more promptly lessens excitement and produces sleep.

Genuine impulsive insanity undoubtedly exists when an insane desire to kill or commit suicide is the only symptom of mental disorder; yet a close investigation will reveal other motives for some of the acts.

The habitual use of cocaine is characterized by the rapid production of mental enfeeblement and physical weakness. In one who is not an habitual user it produces mental excitement, a feeling of well-being

and an increase of the pulse rate. The patient is talkative and may be somewhat delirious. It looks like alcoholic intoxication in a few cases.

Thyroid therapy in nervous disease is not all what it is claimed to be by some. Give me the specific or normal tinctures any time.

Give me coniam and you can keep all the bromides. I can use it in tic neurosis, chronic chorea, epilepsy and in different maniacal condition and with uniform good results. There may be an idiosyncrasy to the drug in some patients, but that is no reason why it is not useful in other cases. Ever try it in delirium tremens?

Neuropathic persons eat too rapidly. They often masticate insufficiently. They bolt their food and eat ravenously.

Erysipelas of the head is occasionally accompanied by mental disturbances. A delirium may begin with the onset of the malady or after the fever has subsided.

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Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

Specific Diagnosis.

A knowledge of specific diagnosis often enables one to remove a certain pathological condition and secure a restoration to health with a single drug. This most desirable result of a careful study of specific diagnosis has caused many physicians to suppose that we claim to have specifics for diseases as classified by the generally accepted nosology. Without investigating and becoming acquainted with our methods, one might easily reach such an incorrect conclusion. We do not, however, make any such claim. We can cure congestive headache with belladonna, muscular pains with cimicifuga, certain kinds of hemorrhoids with hamamelis, mammary irritation with phytolacca, many functional wrongs of the heart with cactus, cramp in the legs with viburnum and prostatorrhœa with staphisagria. Many other pathological states also come within the range of other single remedies specifically employed, but these abnormalities are not complete diseases as classified. We do not claim to cure pneumonia with veratrum, aconite, ferrum phos., ipecac, bryonia, or any other single remedy, for the simple reason that pneumonia does not always present the same indi-

cations for remedial agents. We treat the patient, not the name of the disease. In pneumonia, as well as in other diseases, the temperature and pulse may call for different remedies at different times, and in different cases; there may be a uniformly yellowish coated tongue, from the base to the tip, calling for kali sulphuricum; a pallid tongue, coated white, needing a salt of sodium; a pallid large tongue, with a moist pasty coat, demanding an alkaline sulphite, such as the sulphite of sodium; as there may be a deep-red tongue, with a brownish coating, requiring the use of muriatic acid.

In disease, as well as in health, there is a certain *basic* condition upon which all other conditions rest. In disease a single remedy may or may not remove the basic wrong. It will largely depend upon our ability to discover the *exact* nature of such foundation of the abnormal state.

In the treatment of disease, regardless of its name, the circulation of the blood, the temperature, the condition of the nervous system, waste, excretion, the condition of the blood, blood-making and nutrition must be carefully and separately examined. Having duly considered these functions, and discovered such lesions as may exist, we prescribe such remedy or remedies as are specifically indicated and likely to restore these functions to their normal standard—prescribing first for the morbid change which is first in importance.

Calcium Sulphide in Pellagra.

The popular theory that pellagra is caused by the excessive use of Indian corn as a diet has been decidedly weakened by numerous recent reports of cases in which the patients had never employed corn or its products as an article of food. In commenting upon this fact *Clinical Medicine* mentions several other theories which have been put forward, and gives special prominence to that of Dr. G. C. Mizell, of Atlanta, Ga., who advances an elaborate argument in the *Journal Record of Medicine* to show that the disease is caused by the consumption, as food, of what are called "the semi-drying oils," of which cottonseed oil, oil of maize and oil of sesame are the most important.

Dr. Mizell has cured many cases with the following treatment:

"Calcium sulphide given in doses of one-half to two or more grains three or more times daily will show its effects in a few hours. In fact, the results are so prompt that I should feel like claiming specific action, without a knowledge of its chemical action. We began the use of calcium sulphide eighteen months ago and have never been disappointed in the results. Under its influence, I have seen the stools reduced to normal, the redness of the tongue fade, and the eruption on the hands disappear. The intense burning and pain so prominent in some cases yield readily (usually in less than twenty-four hours). One case, in which the eruption had been continuous for twelve months, although

being treated by arsenic, was relieved of suffering in twelve hours, was out of bed in three days, and had no erythema in ten days.

"In all cases, this drug is all that is necessary to relieve aggravated cases of simple pellagra. That it does not relieve all cases is due to the fact that some are complicated by a long-standing gastro-intestinal lesion which antedates the onset of pellagra by a more or less period of time. In these cases, we have a totally distinct condition to treat. Some of these cases were under treatment several years previous to development of pellagra, suffering from various affections of a gastro-intestinal origin, which was probably a predisposing factor in the development of pellagra.

"So, believing that in calcium sulphide we have an agent capable of combating the deleterious action and enabling the organism to rid itself of linolin, we have only to deal with those complicated cases which need special symptomatic treatment in addition."

"Experience and Observation."

The above occurs in a sentence written by the talented physician-pharmacist, John Redman Coxe, in his celebrated work, *The American Dispensary*, 1831. As true today as then is it that the progress of the world rests upon these two factors. It is also true that, as Dr. Coxe remarks in the above-named article, in speaking of the therapeutic use of a remedy, "how little capable we are of estimating the value of anything other than by experience and observation."

On these two factors also depends the progress of the sciences. Together they move, experimental and theoretical investigations, in whatever may be their different outreaches. The man who imagines that the "experience" of the world and the "observation" of humanity can be brushed out by theoretical deductions based upon anything else than facts derived in this manner, cherishes a delusion. Those who follow in the footsteps of the man who speaks regarding a something other than that which has a foundation of fact, based upon experience and observation, tread the danger line. Fanaticism, narrowness, prejudice, fallacy, lead him who otherwise theorizes, as well as him who follows irrational theories, into mire and quicksands.

John Redman Coxe, in his *American Dispensary*, nearly a hundred years ago called attention to the fact that invaluable remedies might be overlooked, if not forgotten, by him who follows the irrational theorist or the prejudiced faddist. In this connection he refers to "Cobweb," a remedy that, by the "experience and observation" of the foremost eclectic practitioners, becomes invaluable when properly administered. Basing his argument on the experience of the celebrated Dr. Jackson, a noted English navy surgeon, an authority on febrile diseases, he quotes as follows:

"He [Dr. Jackson] concludes that it [cobweb or tela araneæ] 'pos-

sessed an extraordinary and altogether an inexplicable power in calming irritations, and in diminishing the excess of bodily torments,' hence he was induced to try it 'in the deliria, pains, spasms, and subsultus common in fevers of the continued class.' The effect far exceeded his expectations. He likewise effected perfect cures in some troublesome spasmodic affections, and gave it with the most marked benefit in dry, irritating coughs, usually termed nervous, singly and sometimes conjoined with opium: In the advanced stages of phthisis it procured a respite beyond his expectation, one particular case of which he details. He further found it useful in restraining a troublesome hiccough. And he concludes by affirming 'that cobweb diminishes morbid irritability, and calms irritations of both body and mind, in a degree far exceeding any drug or remedy within the circle of our knowledge.'"

Nor need theory, even though it be based on experience and observation, be necessarily "fact." For example, decoction of pumpkin seed has been used as a domestic tapeworm remedy for half a century or longer. We have more than once received authoritative information from physicians who, by using the decoction, have promptly obtained the worm. The fact that decoction of pumpkin seed will kill or paralyze tapeworms is familiar to many readers of this journal, who have experienced its effect.—*Prof. John Uri Lloyd, in the Eclectic Medical Journal.*

Nickel As a Medicine.

The nickel salts are being somewhat extensively advocated as remedial agents, and numerous writers and investigators have published their opinions and conclusions. Judging from these published statements, it does not seem likely that eclectics will find these highly lauded salts superior to the remedies they now have for the wrongs mentioned by the writers.

The sulphate of nickel in doses of one-half to one grain after meals is deemed a gentle metallic tonic. One writer advises its use in periodic headache, chlorosis and amenorrhea. Other writers have employed the sulphate in doses of one to three grains, and obtained excellent results in obstinate diarrhea. Its advocates claim that it exercises a corrective influence in chronic urticaria due to weakness of the heart, eruptions associated with severe nightly itching, chronic psoriasis, motor disturbances accompanied by spasms, chronic neuralgia, stammering, chorea, migraine and chronic enteritis.

Nickel is sedative, tonic, astringent and antiseptic. The bromide and sulphate are deemed the best of the nickel salts. The dose of the sulphate is from one to three grains, but one grain has proven the most satisfactory dose. It may be administered in pill, tablet or solution.

Achillea in Suppression of Urine.

In a case of Bright's disease there had been complete suppression of urine for four days, and the usual treatment had failed. On the fifth day the patient was given 15-drop doses of achillea in a little water every hour, with the result that profuse sweating followed the third dose. The day following the kidneys began to eliminate the urine voided from that time being in normal quantities.

F. A. GREEDY, M.D.

Chionanthus in Liver Diseases.

I do not believe there is a more valuable remedy than chionanthus for imperfect function of the pancreas and liver. It will accomplish wonders in that field.

GORDON G. BURDICK, M.D.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Washington, D. C., in June, 1912. A. F. Stephens, M.D., president; W. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1912. T. D. Adlerman, M.D., president; E. H. King, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. C. Lloyd, M.D., president; H. Harris, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. C. Griel, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton Street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes Street, Brooklyn. A. B. Wolf, M.D., secretary.

New Jersey State Meeting.

New Jersey State Eclectic Medical Society will convene at Masonic Lodge Room, "Arcade," Newark, N. J., entrance on New Street, second floor, first stairway, right, Tuesday, October 17th, 1911, 11 o'clock A. M.

The semi-annual meeting, which will be held at the above date and place, should be well attended. Last year four sessions were held, but during 1911 but two meetings have been called.

The President will deliver an address on the subject, "What Constitutes Success and Progress in the Medical Profession."

Interesting papers on live topics will be read by able physicians.

Come and edify yourself, for it is important that *you* be present.

The Secretary can reach only those whose names are on the roll, while each one receiving this notice can send enclosed extra copy to one other liberal minded or eclectic physician in his circle.

If you have a paper, send it to the Secretary or, better still, bring it with *you*.

Be prompt, as eleven o'clock in the morning is a good hour to assemble.

Fraternally,

G. E. Potter, Secretary,
100 Halsey St., Newark.

G. Curzon Young, President,
Washington, N. J.

Kings County Eclectic Medical Society and the Brooklyn Therapeutic Society.

The joint meeting of the Kings County Eclectic Medical Society and of the Brooklyn Therapeutic Society took place on Thursday, September 28th, at 9 p. m., at the Hof-Brau House, Brooklyn. The members of both societies turned out in full force, and the big hall was crowded to its capacity. The business of both societies was transacted in short order, some new members admitted and elected, and the following papers read: Definition and Etiology of Chronic Gastric Catarrh, by N. Shapiro, M.D.; Symptoms, Diagnosis and Prognosis of Chronic Gastric Catarrh, by M. B. Pearlstien, M.D.; Pathology of Chronic Gastric Catarrh, by Max Meyer, M.D.; Eclectic Treatment of Chronic Gastric Catarrh, by G. W. Thompson, M.D.

A lively discussion followed, participated in by Drs. D. Alperin, Theo. D. Adlerman, W. Heeve, Max Meyer, Ch. Lloyd, D. Brandenburg. The meeting then closed, and the societies in a body adjourned to the banquet hall. Here speeches were made by Dean Hardy, Prof. Thompson, Dr. T. D. Adlerman and Dr. Ch. W. Brandenburg.

The Brooklyn Therapeutic Society will hold its next meeting the second Tuesday in December, and the Kings County Eclectic Medical Society will hold its annual meeting in February, 1912.

Items

We are sorry to record the death of Doctors Phebe Low and J. A. Arnold.

The opening meeting of the Eclectic Medical Society of the City and County of New York was one of the largest in its history. Dean Hardy had asked the members to make this meeting a greeting to Dr. Boskowitz, who had just returned from England, and they did it with a will.

Dr. Benjamin C. Andrews of the Class of 1911 has been appointed interne at the Flower Hospital.

Dr. Hyman Feld has opened offices at 495 Marcy Ave., Brooklyn.

Dr. D. N. Bulson has been elected vice-president of the First National Bank, Rockville Center, N. Y.

Helping a Child Through School.

Close application to school duties frequently lowers the health of a child and makes it an easy prey to prevalent winter infections. These may be largely avoided if the child be built up to the point where the normal powers of resistance will protect it from those diseases to which a weakened organism easily succumbs.

For this purpose nothing is the peer of cordial of the extract of cod liver oil compound (Hagee). Containing the active principles of cod liver oil, supplemented by the addition of the hypophosphites of sodium and calcium, it is a tissue food of the highest order and lends to the little student its contained nutritious elements. Given systematically to those children in need of such an agent, it will be found of decided advantage in helping them through school.

Dr. P. Marlowe has removed to 246 East Broadway.

Members of the class of 1911 have opened offices as follows: Dr. Simon Bloom, 12 Attorney St.; Dr. Victor Von Nuruh, 3810 Broadway; Dr. H. Seligman, 357 South 2d St., Brooklyn; Dr. M. Minckoff, 30 Rutgers St.

Read the advertisements carefully; send for samples and literature. Mention THE REVIEW.

College opened with the largest freshman class in several years.

Note that the publication office of THE REVIEW is changed to 242 West 73d Street.

The "Book Reviews" have been crowded out for want of space and will be published in the November issue.

Lobelia Hypodermically, Its First Uses and Its Action in Diphtheria, Croup and Tonsillitis.

BY FINLEY ELLINGWOOD, M.D.

For a number of months past the author has collected, from his own constituency and through the assistance of Lloyd Brothers Company of Cincinnati, all the facts determined by the most recent observations concerning the action of lobelia used hypodermically. From

these reports he has prepared a complete article, which, because of its length, he has divided into ten parts, and these he has distributed in the order named to the following journals for publication :

General Statements Concerning Its Introduction and Its Use in Diphtheria, Croup and Tonsillitis.—*Eclectic Medical Review*, New York, N. Y.

Its Use in Asthma, Bronchitis, Pneumonia, Tuberculosis and Coughs.—*National Quarterly*, Forest, Ohio.

In Heart Troubles, Acute Failure, Angina and Hysteria.—*American Medical Journal* of St. Louis, Mo.

In All Convulsive Diseases, including Eclampsia, Epilepsy and Tetanus with Locomotor Ataxia and Brain Storms.—*Ellingwood's Therapeutist*, Chicago, Ill.

In Gastric Disorders and Intestinal Disorders.—*The Forum*, Kansas City, Mo.

In Toxemias of All Kinds, Asphyxia, Syncope, Heat Stroke, Cerebral Concussion, Apoplexy.—*Eclectic Medical Journal*, Cincinnati, Ohio.

Spinal Meningitis, Congestive Disorders, Ovarian Pain, Rigidesos, the Puerperium, etc.—*California Eclectic Medical Journal*, Los Angeles, Cal.

Full General Remarks Concerning the Physiological Action of Lloyd's Hypodermic Lobelia.—*Journal of Therapeutics and Dietetics*, Boston, Mass.

A Reprint of the Laboratory Observations of Roberts Bartholow on Hydrobromate of Lobeline, Made for Lloyd Brothers, in 1886.—*Medical Gleaner*, Cincinnati, Ohio.

A General Summary of Observations and Suggestions.—*The Nebraska Medical Outlook*, Kenesaw, Neb.

Faculty additions and changes : Dr. George Olsson has been transferred as associate to the chair of practice and Dr. H. Tienken will take Dr. Olsson's former position in the chair of diseases of children. Prof. T. S. Schlauch has been appointed associate professor of histology and pathology, and will devote his whole time to laboratory instruction and original research work. He will be in the College Laboratory daily from 9 to 4 o'clock. Professors J. T. Sibley and Herman Lohmann will also devote their entire time to teaching this year. Dr. Sibley will give a new laboratory course in physiology and Prof. Lohmann now devotes his entire time to teaching chemistry and bacteriology in our college and in the New Jersey University Department of Pharmacy.

For your convenience and that of your friends subscription blank will be found in the advertising pages.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. XIV. NEW YORK, NOVEMBER 15, 1911. No. XI.

The Eclectic Medical College.

The Eclectic Medical College of the City of New York extends its thanks to the eclectic profession of New York and New England for the generous response to its recent appeal for financial aid and students; and it is with great pleasure and satisfaction that we report that, due to the generosity and prompt response from friends and well wishers, we have been enabled to secure for this year four of the required six paid instructors, who will devote their entire time to teaching; and the response to the call for students has certainly been very satisfactory, as we have enrolled this year the largest freshman class that we have had for many years.

So, dear friends, let the good work continue, and before the opening of the session of 1911 and 1912 we will be able with ease to meet that which at the beginning of this session seemed almost beyond our financial attainment.

S. A. H.

Hints and Winnowings.

The attempt and failure of the men who control the Department of Agriculture to secure the removal and humiliation of Dr. Harvey M. Wiley, the veteran chief of the Bureau of Chemistry, has served to bring to light an abundance of evidence of the fact that these officials are either being deceived by the manufacturers of poisoned foods and adulterated drugs, or that they are conducting the Department in a manner intentionally designed to defeat the object of the Pure Food and Drug law. But be this as it may, the evidence produced at the recent hearing before a committee of the House of Representatives renders it clear that, notwithstanding the efficient work of Dr. Wiley, the law is not being properly executed, and that the rascals who trifle with the lives and health of the American people find this law, from which so much improvement in food and drug conditions was expected, but little more than a slight annoyance. If we are to derive any benefit at all from this much-needed law, men must be placed in charge of its enforcement who are ready to demonstrate by their actions that they are heartily in sympathy with the objects of the law, and that they are not to be influenced by the protests of the food adulterators and poisoners who place much stress upon the fact that

some of Dr. Wiley's decisions are likely to lessen the profits of a business in which they have invested millions of dollars—a business of poisoning and doping food which has been and still is very profitable.

As an evidence of the inefficiency or dishonesty of the men who are supposed to enforce the Pure Food Law, the inadequacy of the fines imposed upon the persons found guilty of its violation are in no wise lacking. The heaviest inflicted fine was \$500, and that in one case only. In eighty-eight cases fines of \$100 were imposed. In four hundred convictions fines of *one cent* each were deemed satisfactory to the men in control of the prosecutions, and the average fine paid by another group of four hundred poisoners was \$22.25. What a farce! And these prosecutors are the men who tried to get rid of the honest old chemist who insisted that a good and needed law should be vigorously enforced, even though it lessened the earnings of the millions invested in the business of poisoning his fellow citizens. In a recent lecture Dr. Wiley characterized these "business men" as "thieves of public morals," and declared that the health of the nation, which they were injuring, is worth \$540,000,000,000, making his estimate on the basis of \$600 per capita average annual earnings of 45,000,000 wage-earning adults.

In an article on "Meningitis in Infants," written by Dr. M. B. Talbot, giving the substance of a paper by Dr. John Lovett Morse, and published in the *Archives of Pediatrics*, some important diagnostic features are tersely given. In part Dr. Talbot says:

"Seventy-five per cent of the cases of tuberculous meningitis occur during the first five years of life, and more cases occur during the second year than at any other time. Cerebrospinal meningitis is more common in childhood than in later life and is especially common in infancy. Where cerebrospinal meningitis is not epidemic at least 70 per cent of the cases of meningitis in infancy are tuberculous. A large majority of the others are meningococcal in origin. If the disease is due to some other organism, the symptoms are likely to resemble those of cerebrospinal rather than those of tuberculous meningitis. The diagnosis between meningitis and nervous symptoms due to cerebral irritation is usually easy when the fontanel is open. The fontanel is almost invariably bulging when there is meningitis. The examination of the blood is of some, but not of much, assistance in the differential diagnosis. There is an increase in the number of white corpuscles in almost all cases of cerebrospinal meningitis. There is no increase in most cases of tuberculous meningitis. The tuberculin test is of some importance. If positive at this age it is strong, but not conclusive evidence in favor of tuberculous meningitis. In the vast majority of cases a positive diagnosis can only be made by lumbar puncture.

"Pneumococcus meningitis usually develops in the course of lobar pneumonia, but the symptoms of meningitis sometimes precede the

signs of pneumonia by several days. Influenza meningitis cerebrospinal fluid is very turbid or purulent and the cells are almost all polynuclear. It almost always contains a large number of influenza bacilli. Influenza meningitis usually runs a short course and is almost invariably fatal. Treatment can be only symptomatic."

At a meeting of the Philadelphia Pediatric Society, held recently, Dr. Charles A. Fyfe presented a very unusual case of microsomia. The case was that of a girl six and a half years of age, who was normal at birth, and grew until she was eighteen months old, but has not grown any since. The parents and their other children are of normal size. Table food was begun at eighteen months of age. There are no signs of cretinism, rachitis or tuberculosis present. The heart and lungs are normal; abdomen slightly distended, apparently from weakness, and the teeth are normal. X-ray shows retarded bony development, the wrists showing but four centers of ossification, and the bony framework proportional to the rest of the body. Urine and blood normal. She walks, talks and is of good mentality.

We have the best and the most efficient system of therapeutics ever provided for suffering humanity. Every eclectic physician knows this to be an indisputable fact, and many of our patrons have become fully acquainted with our methods, as well as our efficiency. We want the people as a whole to become aware of this important truth. How can we accomplish this purpose in a manner credible to ourselves? It surely would be unprofessional, undignified and in very poor taste to repeatedly publish our successful work in the lay press. Nor would it be wise or expedient to proclaim the superiority of our system of practice to every person who called us to treat some trifling ailment. This would seem boorish and do more harm than good. There are many occasions, however, on which the valuable features of our practice may be brought to the attention of our patrons, and through them to that of the public. As an illustration of this point a case which occurred a few months since may be mentioned. A lady who had been treated for about three months by an old school physician of good attainments did not improve, and she finally decided to place herself under my care. In just one month from the time I took charge of her case she was well and attending to her household duties. Her husband then said to me: "Dr. D. seems to be an intelligent man; why didn't he understand my wife's sickness?" I replied: "Dr. D. understood the nature of the illness of your wife just as well as I did. In fact, his diagnosis was perfect, but old school physicians do not give sufficient attention to the study of medicines and the indications calling for their use. We of the eclectic school of medicine thoroughly study all branches of our profession, and in addition make a specialty of the study of our remedies and the symptoms or disease expressions which enable us to employ the right medicine at just the right time. In this

way we have evolved the most successful practice of medicine ever known." These remarks, repeated on every occasion by the husband and wife, were not long in bringing our system of practice to the attention of many persons.

In Pennsylvania a fully aroused public sentiment is vigorously supporting the progressive State Health Department in well directed efforts to prevent pollution of all streams and other sources of portable water. The work being carried on is an object lesson for other States, and especially for Connecticut, where in the town of Torrington a contaminated water supply has caused an extensive epidemic of typhoid fever.

In an article stating that several animals have recently died in Connecticut of glanders, the Bulletin of the Board of Health of that State tersely points out some important facts in regard to the disease, as follows:

"Glanders or farcy is an infectious disease, either acute or chronic, caused by a specific micro-organism, the bacillus Mallei. The term glanders is applied to the disease when it appears in the head and farcy when on the skin, but both are caused by the same bacillus. It is particularly a disease of the horse, mule or ass, but communicable to sheep, cats, dogs and mice; cows and swine enjoy an immunity. The disease is rare in man, but may be seen in stablemen or others who work about horses. It may be more common than we know, some such cases being recorded as mixed infection, pyæmia, erysipelas, syphilis, etc. The disease when chronic is very difficult to diagnose, manifesting itself in various forms and easily confounded with other diseases. This has in the past been one of the most difficult tasks confronting the veterinarian. We have now special diagnostic methods which should be used when in doubt. These are the complement fixation test, the agglutination blood test and the Mallein test."

One often meets persons who seem ever ready and anxious to obtain something for nothing. This characteristic of a certain class of people makes the success of various fraudulent schemes possible. The desire to possess something deemed of value without expense to the receiver is manifested in different ways by different classes of people. Among physicians and men devoted to science this unseemly desire is frequently revealed by the avidity with which they seek free samples of goods likely to be useful in their professional work, and honorary membership in medical and scientific societies.

FYFE.

Medical Authority in America.

An act of the Ohio Legislature of 1839 provided that all medical students in the State, attending medical college, were authorized to enter the hospital (Cincinnati Commercial) upon an equal footing, for the purpose of witnessing medical and surgical illustrations. Through political intrigue and chicanery authority excluded the eclectics. This led to a fight for recognition, and in 1848 "The American Eclectic Medical Convention" addressed a "Memorial" to the Ohio Assembly asking for equal opportunities for eclectic students. True to its nature, medical authority opposed this demand in every conceivable way.

Some slight conception of the meanness of authority may be gained by a perusal of this memorial. Some faint conception also may be had of the tenacity of purpose; the dogged determination to win, which dominated the Fathers of Eclecticism in their struggles against authority for what they knew to be their rights under a republican form of government. Liberal medicine is forever indebted to them for their heroic efforts to secure justice and fair play. We of today might take a lesson from our forebears of half a century ago. Listen.

"We would remind your honorable body (the Senate and House of Representatives) that the legislation of this and other States upon medical subjects has been heretofore clearly in contravention of the first principles of republican justice. * * * An organized portion of the medical profession enjoying an overwhelming preponderance of numbers and the confidence of the public, has been enabled by these advantages to secure the passage of laws, not only for the pecuniary benefit of their collegiate institutions, but for the purpose of discrediting and placing in a degraded position their less numerous rivals whose merits were then less extensively known, and whose rights were scarcely considered. But it required not many years to arouse the public attention to the injustice of all such laws—to make more fully known the merits and the rights of the oppressed class, and to secure the repeal of the obnoxious laws by the most decisive action of the legislatures and the people. The attempts subsequently made to procure the re-enactment of any such laws have been firmly repulsed by the Legislature and generally condemned by the public."

"While medical reformers have thus succeeded in the face of private professional persecution and an extensive organized opposition in obtaining a recognition of their legal rights, they do not feel willing, after having for years endured a scandalous and unwarrantable persecution, to rest content with a mere removal of legal disabilities. They are entitled to claim full and entire equality in the eye of the law. * * * Assuredly distinctions in the profession of medicine between the different classes of the community are no less oppressive and unjust than similar distinctions in religion. * * * If men have the

right to worship God according to the dictates of conscience, unmolested by earthly powers, assuredly they have the equal right to study nature and employ the most precious gifts of the Creator for the restoration of health; the right to seek salvation of the soul, and the right to seek salvation or health of the body according to the dictates of their own judgment and conscience; these are rights equally certain, clear and impregnable in a true republic. In exercising the former right it is demanded by every free man that no invidious distinction shall be made by governmental action; and that nothing shall be done by an impartial government calculated to hinder, degrade or restrict the individual, whatsoever may be the creed which he avows. In the exercise of the latter right this demand is no less imperative. * * * In reference to matters of private opinion and action, upon which the most intelligent and learned may differ, a republican government has no right to interpose to the injury of either party. * * * We claim that, in arranging the medical charities which are sustained by the friends of this commonwealth, a just respect should be shown to a system of medicine which has the approbation of a large portion of the people, and that the patronage and influence of the State should not be employed to bolster up any system of exclusiveness, or any corporate monopoly, regardless of the public good."

I have extracted the above to show how the Fathers felt about the matter and also to show that they were not afraid to speak their honest thought.

Authority, unsuccessful in its opposition to the incorporation of the Eclectic Medical Institute, sought other means to destroy it. Authority believed it could discredit the Institute by withholding the privilege of attending the hospital clinic from its students. It sought by such means to prevent matriculation at the Institute by curtailing advantages to which all were entitled.

So the Fathers fought for their rights. They fought against authority entrenched behind government and finally secured what they fought for. But authority reluctantly, unwillingly retreated only as far as it was forced to fall back.

This memorial further says of authority: "While professing benevolent principles and sound ethical instruction they labor to produce an implacable jealousy, contempt and hostility between their own followers and those of different opinions; and finally, while professing philanthropic views in their relations to the hospital they are *quietly robbing that institution and the cause of benevolence of a thousand dollars or more annually*, by the indulgence of the most unbecoming selfish illiberality toward those who do not bow down to their arbitrary dicta."

Still speaking of the attitude of authority in the matter, the Memorial says: "They virtually exclaim: 'Our rivals shall not enter

if we can possibly keep them out; but if they should be admitted by the justice of the Legislature, we give all parties due notice that we will raise such a quarrel and riot as will break up the whole concern unless our rivals are excluded.' ”

Here we see the struggles of the weak, numerically, against the strong. We witness a battle between honor and uprightness against bigotry and oppression. We see the spirit of freedom and enlightenment fighting against the darkness of medieval ignorance. We witness the struggle between the proscribed and despised few leading the vanguard of thinkers and medical authority; the minority against the majority. We see the eclectics of fifty years ago fighting for their just rights. They fought their battles in the forum of public opinion. They kept eternally at it. They were undaunted, unafraid. They carried their burden directly to the powers that be and won. Attacked by authority upon every side, they fought on. Having a foe that is always resourceful, they wavered not.

The assumption of authority is unlimited. It posed as the specially created savior of the people. The acme of egotism, its hatred once aroused never subsides. Foiled at one point it seeks another. So it did in the days of which we write. Being in the majority, it claims the right to control all. Having no conception of justice; without honor, it regards no one with respect. Filled with criminal instinct, authority recoils at no measure, however, unscrupulous, necessary to accomplish its ends. *Authority has never been able to stand before the bar of public opinion, and avoids that tribunal with studied care.*

STEPHENS.

Original Articles

Psychoprophylaxis.

BY J. THORNTON SIBLEY, A.M., M.D.

Read at the October meeting of the Eclectic Medical Society of the City and County of New York.

“The surest road to health, say what you will,
Is never to suppose we shall be ill.”

The preservation of health through psychic means, or psychoprophylaxis, as correlative to the general subject of psychotherapy, has not received the attention that its importance warrants. The ignorance and skepticism of many concerning phenomena that are easily explained and readily demonstrated in the field of psychology have done much to retard progress in this direction; and the attitude of many physicians, especially those of the old conservative school, towards anything that offers a substitute for drugs and chemicals, has had its blighting effect.

Again, the extravagant claims made by some practitioners of psychotherapy, claims that would seem to tax the faith of the most credu-

lous, have brought the whole subject into disrepute among many scientific and cultured persons.

Psychotherapy has a limited field. In that field it is the remedy above all others; out of that field it is practically useless; and until this point is understood and accepted, there will continue to be harmful prejudice and skepticism. The special field of psychotherapy lies in the range of nervous and functional disorders. In other conditions it may be palliative, but not curative.

The field of psychoprophylaxis is somewhat more extended. In preventing diseases clearly outside of the field just referred to, it is sometimes most potent! In some so-called germ diseases its influence is most beneficial. I went through two epidemics of cholera in the South some years ago, before modern methods of hygiene and sanitation had robbed that terrible plague of much of its power, and witnessed often the good influence of psychoprophylaxis. Those whose minds dwelt upon the horrors of the disease became terror stricken, conceiving the idea that the disease is exceedingly contagious, or that its contraction meant in their own cases certain death, were those who were most frequently affected. Those who had no fear of the plague, whose minds were kept active in their various callings; in other words, those who remained normal, were seldom stricken.

The human system is at all times filled with myriads of germs, usually quiescent and harmless; but which under some powerful stimulus, and that stimulus may be an active mental condition, become pernicious in the extreme; inducing the most serious of germ diseases.

Psychoprophylactic proceedings on the part of the physician should be made as fascinating as possible, whether the purpose be to remove some distressing mental condition, or subdue that which manifests itself in some physical disorder. In psychotherapy correct or exact diagnosis is not very essential; in fact, some of the best cures are made in cases where the etiology is not at all clear, and the diagnosis correspondingly obscure. In psychoprophylaxis, psychoanalysis is more important, as a greater precision of method and a fuller comprehension of conditions are desirable. Psychotherapy may to a large extent be divorced from pathology and diagnosis, but psychoprophylaxis while not a bit more scientific, cannot be; for the reason that psychoanalysis is often the basis of the method of treatment. In psychoprophylaxis a mistake in diagnosis, especially if the trouble be of a mental character, might work great harm. The principal point in psychoprophylaxis is to associate useful and helpful activities with agreeable sensations, and to disassociate pleasant sensations from useless and harmful acts. As the interest sentiment is not only important but essential in pedagogy, so it is necessary in psychoprophylaxis. The patient must be thoroughly interested and made to feel that the matter of his interest is of the greatest consequence. A quick diversion, substituting a new

interest sentiment for a disturbing former one often produces a change of feeling, and with this change comes a new series of mental processes and an immunity from impending mental or physical disorder. Frequent repetition is often necessary. A statement often made will take root and become a powerful psychoprophylaxis, when such statement given but a single time would have no effect whatever.

As in psychotherapy, so in psychoprophylaxis, there is genuine power in the personality and prestige of the physician. Some persons judge the ability and skill of a doctor by his years, his length of time in the community, his manner and address, and not by his education and experience; and the success of men of mediocre attainments, especially in the field that we are now considering, is remarkable if we forget or ignore the laws of psychology. The story of the old negro, who when suffering from a serious ailment, began to improve rapidly as soon as a doctor who wore a silk hat was employed, has much food for thought in it. A silk hat is to some persons a greater indication of skill and knowledge than the size and shape of the head that it covers; and the physician who so far forgets his self-respect and his professional dignity as to allow himself to be called Joe, Jim, Bill or Tom by his people, will soon find that the familiarity he has permitted has turned into loss of respect and confidence, and, incidentally, loss of dollars. The personality of the physician is half the fight in psychotherapy; it is even more in psychoprophylaxis.

In successful psychoprophylaxis an incipient degree of hypnosis is induced; for whenever a person believes by persuasion that which he will not believe ordinarily, the subjective self has been reached and a hypnotic condition has been induced. Scientifically there is no difference between persuasion and hypnosis. It is a common error to believe that hypnosis always means a decided change from the normal. It may be so slight that the deviation from the normal can be perceived only by the experienced.

Many cases of illness, especially those of a mental character, manifest themselves by certain symptoms days or even weeks beforehand. In such cases psychoprophylaxis is usually abortive. Many attacks of migraine are preceded for days by certain psychic symptoms; which when studied and understood may be of great service to the physician in preventing such attacks. The same procedure will not do in all cases. The personality and temperament of the patient must be carefully considered, and the practitioner must be more psychologist than physician. Want of proper psychic discipline in many physical and intoxicative maladies often leads to bad habits, and to carry a patient through a long period of perverted neuronc activity is often an important duty of the physician.

An unwillingness sometimes on the part of the physician and objections of the part of the patient to investigate the very important and

serious problems of sexual life, prevent the operation of psychoprophylaxis in many cases that could be materially helped. In such cases we need accurate information and the attitude of many young persons towards sexual knowledge throws up a barrier in the way of studying some of the most important problems of life, and of remedying some of the most serious ills. Our higher civilization which throws into prison an experienced and successful woman physician for having written a book for young women on sex hygiene is doing much harm in this direction. In no way is psychoprophylaxis more potent than in correcting the evils of sexual life; and if our national prudishness could be overcome, and the adolescent encouraged to discuss and comprehend the phenomena of sexual life, and taught to regard them as other facts of personal function and hygiene, much mental and physical distress would be avoided; and the psychasthenic, whose shame of the bodily functions dominates his field of consciousness, would be rarely found. In many of the disorders of menstruation and the menopause, psychoprophylaxis may be most advantageously used. The pains and discomfort of dysmenorrhœa and menorrhagia may be averted by such treatment; and the vagaries and freakish ideas that often accompany the menstrual function may be modified in a marked degree.

We often meet with persons who have an aversion to certain kinds of food, or with whom certain foods produce unpleasant results. This is especially true where a milk diet is indicated. Often we hear patients say that milk gives them headache, or induces biliousness or some other disorder. Milk is the most natural diet of all things consumed by animal creation. It contains in the proper proportion the four ingredients necessary to promote and preserve strength and health: hydrocarbons, carbohydrates, salts and proteids. The physical distress experienced after drinking milk is sometimes induced by some mental state, usually the idea, strongly intrenched in the mind, that certain bad results will surely follow. I once knew a man who could not eat sweet potatoes without suffering much distress, and who through the power of suggestion was enabled to eat this food in large quantities and digest the same as easily as the rest of his meals.

The power of psychoprophylaxis is sometimes seen in the preparation of athletes for coming contests. My personal experience enables me to state that in this direction it is capable of producing wonderful results.

Lombroso, the eminent alienist and anthropologist of Turin, whose authority the scientific world thoroughly respects, after a most exhaustive inquiry, preceding his remarkable argument against capital punishment for women, states that eighty per cent of the serious crimes committed by women, such as suicide, murder, arson, etc., are committed during the menstrual period; and that at least an additional ten per cent are committed during the time immediately preceding or fol-

lowing such period. In other words, ninety per cent of the serious crimes committed by women, are done during the ten days when the system is taxed with the preparation for and the execution of this important function. The testimony of a Lombroso is not needed to convince the observing physician that many women at or near the menstrual period experience a transformed personality that manifests itself in various ways. Some who are gentle and considerate at other times become peevish, fretful, nagging and unreasonable. Some whose natural disposition is buoyant and elastic, become moody and melancholy to the verge of mental derangement. Some suffer pain and depression that render them unfit for active or prolonged physical exertion, and still others suffer from mental disturbances even more pronounced. If nature made woman an invalid or a pervert during one-third of the time that she is passing through the menarche, nature has done her a monstrous injustice. As a matter of fact the symptoms that announce the appearance of the abnormal and unpleasant conditions are usually plain; and psychoprophylaxis will remedy them and make woman what nature intended she should be: a strong, healthy, happy human being, to whom we are not only indebted for life itself, but for making life worth living.

Brooklyn.

Poliomyelitis Anterior Acuta.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

(Extracts from a chapter on Poliomyelitis. From a forthcoming book on Nervous and Mental Diseases.)

In defining the above disease in my estimation the word "anterior" should not be used, as it describes or places a limitation on this disease which is often incorrect; and the word "infantile" should also be dropped, as this disease is met with in any of the four (4) decades of life and adult cases are met with with an ever-increasing frequency.

The works of Landsterner, Popper, Flexner and Lewis place this sickness under acute infections like measles or scarlet. They succeeded not only in infecting monkeys and producing a clinical picture like the one you find in man, but have even transmitted this disease through a series of monkeys.

It can be defined as an acute disease, found in both children and adults, characterized by a loss of power in one or more limbs, a loss which is quite sudden and complete, and which is followed by a wasting of the muscles paralyzed, as well as by febrile symptoms and slight pain, but not by any permanent sensory disorders. This infection can prevail sporadically, endemically and epidemically.

Etiology: The season of the year seems to bear some direct relationship in the occurrence of this disease, and it is very common in the warm months. It occurs in both sexes with about equal frequency, dentition, exposure to cold, sudden check of perspiration, traumatism

(in the form of falls), all contribute freely to the production of this malady.

The question of bacteriological origin of this disease is open for discussion. There may be some organism present in the cerebrospinal fluid and blood of persons affected. Claim has been made that its essential lesion is an inflammation of the interstitial tissue of the central nervous system due to the presence of some toxins, or micro organisms, either in the blood or in the lymph circulating within the system. In one case (Barnes & Miller) they found the *Staphylococcus pyogenes citreus*, and the *Staphylococcus albus*.

We might add here that Poliomyelitis has been frequently observed in connection with other infectious disorders. (We omit the pathology for lack of space here—it will be given in full when the book is published.)

Symptoms: The clinical picture presented by Poliomyelitis is very distinct, characteristic and not very hard to diagnosticate. In most cases we get some fever, 103 to 106, the entire nervous system seems to be affected, some convulsions and delirium may be present, considerable pain in back of the body and limbs, some vomiting and diarrhoea, while in other cases a general malaise will take place of these symptoms. In quite a few cases, the patient having been in good health, suddenly becomes restless, feverish, has some headaches and anorexia. There may be some cutaneous hyperesthesia, lassitude and restless sleep. After the first initial symptoms have lasted from a few hours to a few days (sometimes weeks) the principal, the chief symptom comes forth—the paralysis. Rigidity of the muscles of the neck and back has been noted in some few cases, while in infants vomiting and convulsion are common—in the adults they are rare. The older cases give information as to pain, and some of the careful mothers have noticed that children cannot bear to have their limbs handled in the early stages. The pain may be spontaneous or it may be called forth by any slight movement.

The development of the paralysis is rapid in single spurts, which seem to hurry one after the other, so that in a short time it has reached a considerable extent. You may have both legs, or one leg and one arm, or all of the extremities, and even muscles of trunk affected. After a certain duration the paralysis commences to diminish and is very soon limited to a definite muscular region, which remains permanently paralyzed. Atrophy of these muscles begins to show itself, and if toned with the faradic current, either do not respond at all or show a distinct, marked diminution of their excitability. This atrophy will reach its maximum in from 4 to 8 weeks after the occurrence of the disease. If an entire limb is affected by the atrophy, the deformity resulting from it is not very considerable (save that of an undeveloped extremity), but if the atrophy is limited to a group of muscles, marked

deformity may be produced. Many of the joints become so flaccid that you can place the paralyzed limbs in the most extraordinary positions.

The tendon reflexes are absent in the paralyzed parts, and so are the cutaneous reflexes with few exceptions.

Micturition is little disturbed in the first stages of the sickness, but soon this disturbance passes away. Another clinical factor, to which some writers give undue importance is the presence of Babinsky's toe sign, which has been obtained by Buzzard in quite a few of these cases, but if you remember that in only a small number of cases are the toe muscles left intact, and that it is very hard to distinguish between a pathologic extension and an infantile wiggle—you can of course see that the toe sign is not very applicable nor very dependable.

Of course, if it is present it shows that there exists definite involvement of the pyramidal tract. A fact worthy of mention is that in some cases progressive muscular atrophy may come on later in life in persons who long before have had spine infantile paralysis, and this is explained by the fact that once the cells of the anterior horns become affected, they never recover completely, and may easily succumb to premature atrophy.

(We omit here the division of different types, such as the leg type, arm types, etc., etc., and for the same lack of space we also omit the course, prognosis and differential diagnosis of the disease—which will be completely given in the book when published.)

Treatment: At the onset it is essential that any patient suffering from this disease should be isolated from contact with others as soon as possible, and such isolation to be kept up from 3 to 4 weeks. A treatment such as in all acute febrile diseases in children is indicated, a light diet, bowels should be kept open by mild saline laxatives—and diaphoretic measures; we must tend the elimination of toxins. The patient must be kept absolutely quiet, so as to prevent the extension of the inflammatory process.

Hot applications can be made to the spine and the child should be kept on its side or face and the affected limbs thoroughly enveloped in cotton wool to maintain circulation. I do not employ antipyretics unless the temperature runs up to 104, when you can prescribe either specific aconite or specific gelsemium as per indications, while in all other cases frequent spongings with alcohol and water will do the work.

If the child is in pain, or has convulsions, we give small doses of specific lobelia with very good results, and far better ones than the ones you get from the ordinary bromide of sodium, given by the old school in this condition. The use of specific lobelia here in proper doses, does away with the necessity of inhalations of chloroform which we were obliged to use formerly when the bromide salts failed in their action. It is remarkable the results you get from the small dose of spe-

cific lobelia in young children; 3 drops of specific lobelia to 4 ounces of water and a teaspoonful given four times daily will be all that is necessary in this condition.

When the acute stage is passed, there is little for you to do, during the second week, except to nourish the patient and keep the limb warm. Iodide of potassium in 1 to 3-grain doses given three times daily can be administered here to facilitate absorption.

Many authors advocate the use of ergot, but I must say I found it entirely useless as a therapeutic agent in poliomyelitis, and while the lesion is still active, specific echincaba should be administered till the paralysis begins to subside spontaneously, and when the active process has come to a standstill strychnine arsenate or nitrate should be given (gr. 1/50 three times daily to a child 3 years old), but not continuously, have intervals of three to four days when you must administer specific xantoxylum. I find it not only invigorates the patient, but seems to exert a special influence on the paralyzed part, increasing the tone and functional activity.

At this time I always administer specific avena saliva, which stimulates circulation in the limbs and promotes the lymphatic and venous flow.

Electricity will also help maintain nourishment and normal contractability of the muscles, and as the faradic response is early lost, the interrupted galvanic current should be used. Massage is of utmost importance, should be given daily, and local friction with a solution of magnesium sulphate is of great value.

To prevent deformities, see that the patient does not get into the habit of keeping the limbs in a bad position, and in no disease is orthopedic apparatus of more service than in poliomyelitis—and special apparatus must be fitted to each individual case. The administration of tonics as specific cuprum, iron arsenic, cod liver oil, will all contribute to the patient's recovery.

The use of urotropine is recommended by Flexner, who from experiments claims that it lessens the liability of the extending of the disease to others and tends to mitigate severity, and sometimes prevents the occurrence of the symptoms. The dose given is 2 grains every six hours to a child two to three years old, 3 grains to six to ten years old and 5 grains to an adult.

Hydrotherapy is of some service. Warm baths will aid the general circulation and the flabby limbs will recover by the cool spongings and rubbings after the warm baths.

References: Babinski, Dana, Osler, Allbut, Mix, Von Leyden, Buzzard, Church and Erb.

"Citcelce."

Dr. G. W. Boskowitz,
Editor, The Eclectic Review,
New York City.

Dear Doctor:

"Citcelce," in full strength, applied to the scalp by means of a small sponge or cotton, is very effective in destroying the "pendiculus capitis" and its eggs; one application, before retiring, usually suffices; the scalp should be washed in the morning after the application with green soap or the tincture of green soap and well rinsed. All of six cases thus treated required but one application, and repeated subsequent examinations by combing with the finest comb proved the absence of the vermin. I should like to hear others report on this use of "Citcelce."

Respectfully yours,

V. VON UNRUH.

What Constitutes A Successful and Progressive Physician?

Read before the New Jersey Eclectic State Medical Society by the President, October 17, 1911.

BY G. CURSON YOUNG, M. D.

In order to show the difference in taste of the people in different periods of the history of the world, we quote the following from the life of Plutarch, by the Rev. John Langhorne, D. D.: "The discourses of people of education and distinction in those days (when Plutarch lived, about 90 A. D.) were somewhat different from that of ours (1856). In Plutarch's day it was not on the power or pedigree of a horse; it was not a match of traveling between geese and turkeys started against each other; it was not a race of maggots on the table when they first came to daylight from the shell of a filbert nut; it was not by what part you may suspend a spaniel the longest without making him whine; it was not on the exquisite finesse, and the highest manœuvres of play. The old Romans and Greeks had no ambition for attainments of this nature. They had no such masters in science as Heber and Hoyle. The taste of their day did not run so high. The powers of poetry, science and philosophy; the economy and saving of human life, preserving good manners; the cultivation of the intellectual faculties; the enlargement of the mind, historical and scientific subjects, including political discourses on the events of their country; these and such subjects as these, made the principal part of their conversation."

The old Greeks and Romans did not waste their time and energy on things small and childish, but they had sport on a large and scientific scale in the Forum and Aeropolis. The trend of mental activity was ever success and progress in advanced philosophy. It made no difference whether it was the soldier, senator or scientist, some prac-

tical end must be attained for the good of the people and state. Every free man must accomplish that to which he aspired. He must be great as a soldier, senator, statesman, philosopher, historian, physician, poet, cook and every avocation of life, or step aside. If he did not do so he was assisted by positive help. As an example, we will cite the following case: On one occasion Hephestion, a soldier much beloved by Alexander, was taken sick with a fever on the night of a great feast. As a young man of the active life of a soldier he could not bear to be kept on strict, and a sick man's diet, and taking the opportunity to dine when his physician, Dr. Glaucus, was gone to the theatre, he ate a roasted fowl and drank a flagon of wine made as cold as possible; in consequence of which he grew worse and died a few days after. Alexander's grief on this occasion excelled all bounds. The horses were shorn of hair, the battlements of cities were broken down and everything was made to take a part in the general mourning; and the poor physician, Dr. Glaucus, was crucified. He was not successful and progressive as a physician and theatre-goer. Neglecting his patient cost him his life; this often occurs with patients, but it does not often result the same with the physician.

It will be seen that great changes take place not only in the usages, but national disposition of the people which has always largely effected men of high ambition for success and progress.

Native talent, proper equipment, education, culture, energy and the proper application of such attributes may qualify the possessors for successful and progressive work in almost any department of life, but they are absolutely demanded in the life of a physician.

The proper application of the best there is in us of the proper sort will bring success, and such qualifications never being satisfied, progress is sure.

There is an opinion, and a somewhat popular one it is, in the medical profession, that a physician is successful only when he is making and accumulating money. The history of the medical profession does not support this idea; although the younger generation of the profession seem to have counted on the mercenary side of the profession to a larger degree than is warranted in such a liberal vocation. Any person who is engaged in the practice of medicine for the purpose of accumulating wealth is an unworthy member of such a noble calling. This does not argue that the physician should not make a liberal living by his profession, but no matter how much he may accumulate in riches, it alone will not count for his success as a physician.

Success from the true physician's standpoint is to relieve human physical and mental suffering; and help nature to avoid and overcome disease by administering advice, medicine, or any other help for discontent, just as you would give bread to satisfy hunger. Medicine may be administered for the destruction of disease just as specifically

as giving bread to satisfy, or destroy, hunger. This is not to be accepted in the sense as never-failing medicine, but just as there is other food than bread that will satisfy hunger, so there are more remedies than one with which to overcome the same disease.

It is now well understood that there are remedies which exert special action in the prevention of and cure of disease, and such remedies are used more generally by and in eclectic practice.

To be a successful physician you must meet the conditions whether general or specific, as they are presented, and fail not to banish the enemy of life and health.

The progressive physician is a thinking, observing, investigating, proving, doubting, waiting, confiding, accepting, rejecting and careful practitioner. As a physician: Jealous, loving, hating prejudice, broad, deeply interested in every move made for the happiness of humanity, lessening the cause for tears and nerve-racking pain.

To be progressive does not imply that you must endorse and adopt every new agent and fad presented to your notice. There are *fad launchers*, and there are *medicine evoluters*, sharks, trafficking in the credulity of physicians and the ignorance of the people. Our waste baskets are almost daily filled with these seductive propositions.

The most successful and progressive physician does not necessarily mean that he is the most popular and the most talked about physician in town, neither does it argue that he has the largest patronage, but as Phocion, the Greek philosopher said, "We have the ignorance of the people to contend with," and this ignorance is the most gigantic impediment to advancement known at the present time.

Any person is broad or narrow in their views in proportion to their education and culture. The successful and progressive physician is broad, knowing no dogma in medicine. The whole field of *materia medica* is an open book to him eclectically, and intellectually he makes a survey with his mental instruments, the sciences of botany, chemistry, organic and inorganic therapeutics and pharmacy. He reasons and compares, setting up before him the healthy human form and the disease marred being—the impaired image divine,—and makes his differential notes, which leads him on to positive diagnosis, positive pathology and positive organic medicine. If the physician has mastered these sciences and applies them when and where indicated, amending all the inadequacies and building up where deficient in himself, and system of practice, he will succeed in his great purpose of life—healing the sick.

The successful and progressive physicians are of more value to the nation than the army and navy. Property owners depend upon the army and navy to protect their land and buildings, but the medicine man is of more importance than all the armies and navies of the world when their bodies are seized with some disease which threatens

life, or which may cause premature death. Standing upon the brink of the unknown is a terror to many persons, and more in particular such as are rich in things of the world.

To save human bodies and minds from early decay and retain the vital spark until nature shall say it is enough, is the most noble accomplishment possible by man. The successful physician aspires to do this, and eclectically stands close to nature.

Just as in all departments of this earth life, there are narrow, small and over-officious persons found in the medical profession, seeking to control it by statutory enactments, to cover their selfish idiotic proceedings, circumscribing the limits of the profession and seeking to belittle all who dare to differ from them, and apply a more rational means, or the same means in a more intelligent form, as a prophylaxis, or cure for disease. The profession has never been without such apostles of disruption, false to society, and enemies to scientific progression. It is their high holdings and control of medical institutions by what is known as "medico politico" influence. The eclectic system of practice is almost unknown in the great hospitals of our land, as very few appointments from the eclectic ranks are made.

To say that such men as we differ with in the system of practice never do any good would be misrepresenting them and would not be true, but as stupid impediments to progressive medicine they load the profession with chains of perplexity to endure which is more destructive than all the good they do is constructive.

We must not condemn all who do not think as we do, as we know there are many successful and progressive physicians who differ with us as to system and practice who are honest and anxious to do that which is for the best, both in relation to the profession and the people, but there are others who are five brands, schemers, perverts, in the name of the medical profession, who are seeking self-laudation and society dominancy.

It will be well with us if we do as the old Greeks did, put a premium on education, and knowledge in sanitary, hygiene and other means pertaining to preserving health and healing the sick.

The progressive physician has found that disease is largely caused by the failure of the body to eliminate waste material. Some material may be taken into the body which produces specific disease, such as typhoid and scarlet fever, diphtheria and other zymotic and infectious toxins. The body at that particular time either not possessing an antidote or is lacking vital force to resist and eliminate it. Knowing the exact nature of the foreign invader and the exact condition of the body invaded, is the great essential to successful treatment, perfect metabolic action is demanded by the body, and the glandular system must harmonize in secretion and excretion, exosmosis and endosmosis

must be equally balanced to have a healthy body. The progressive physician will see at once just what is demanded of him.

To be successful and progressive one must know that the body, suffering from any disorder, is not always in a *proper* condition for a close investigation and discovery of the fault. The temperament has much to do with the body, and is a direct cause of such existing phenomena, except in emergency cases it is often better to defer prescribing, say, until morning, or mid-day, or after dark. It is better to do this than to give a sedative when a tonic is needed, or a stimulant when a tonic is needed, or an acid when an alkali is needed. Positive diagnosis does not always depend upon symptoms. Sometimes symptoms are positive, but often elusive. The successful physician does not give a dose of medicine at night to see what will happen by the morning, but he knows almost to a certainty what will occur in a majority of cases. Most of the changes are anticipated, and, as the index reads, remedies are arranged as to time and quantity. If it is a very serious case, and the all vital of that body is tossed about near the danger rocks, he sleeps not, but the night to him is one of anxious care. All that he knows of diagnosis, pathology, symptomology, therapeutics and physiology is called up in array, and then on bended knee he may with his eye of faith fixed on the Holy One, ask for more light. A hundred times during that night he thinks he hears the bell ring, and it is not until the daybreak that he reasons all must be well or the 'phone bell would be ringing, and when he calls up the home of the sick one he braces up and with a firm voice inquires how the sick one is, and a voice is heard to say *better*; the load falls off, relief has come and confidence is restored. Such are a few of the qualities which constitute a successful and progressive physician. He has no time or desire to waste his energy and talent, native or acquired, in the pursuit of idle sport and senseless conduct, but his one thought is, before mankind I stand as a healer of the sick, and I cannot—I dare not—betray my trust if I intend to be a successful physician.

Items from the Field of Neurology.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

Conium maculatum in the hands of the neurologist is a potent remedy if used properly. One indication for the use of conium is general nervousness, restlessness, fidgetness, especially if arising either from or associated with insomnia. Conium induces a mental calmness and allays the extreme sensibility of the reflex motor centres.

In the treatment of sexual derangements, excitability and irritability of our sensitive reflexes call loudly for conium maculatum. It quiets them, subdues the excitements and allays the irritability.

In insomnia of multiple neuritis, conium macolatum is our favorite remedy, and it never fails to produce the required results, even when all other remedies have been practically useless.

Nocturnal and diurnal emissions are controlled by specific conium, though in some few cases it may be necessary to give it in combination with specific staphysagria as per specific indications.

Insomnia during convalescence from acute infection is probably the result of anæmia, exhaustion, improper assimilation of food, or some visceral complication or other.

When a physician is forced to use hypnotism in neurasthenia, he has failed in handling of his case. In neurasthenia hypnotism does no good, does only a great deal of harm.

Gychons of various kinds occur in connection with influenza. In some cases they may be due to the infection, but in most of them a psychopathic disposition can be demonstrated. In these cases the depression must be overcome if a cure is to be accomplished.

I cannot believe, and what I could learn from statistics proves it, that mental deterioration may be entirely prevented by proper teaching. In some cases the prognosis is hopeless from the start, and even in some light cases the abnormal mental functioning seems to be beyond control and must terminate into dementia.

The symptoms of brachial neuralgia are of a sudden onset, and usually the patient wakes at night or notices in the morning a severe pain involving the upper arm and shoulder, or in some few cases the whole arm. The pain is most acute on the inner and front side of the arm and in the back between the shoulders. The pains exacerbate, come on at night very severely, and movements make the suffering worse. In the beginning the arm looks normal, but later it becomes swollen, the fingers become edematous. Points of tenderness can be found along the course of the nerve on the inner side of the arm, at the elbow and over the deltoid. Another point of tenderness is between the scapulæ about the level of the third dorsal vertebra.

Paretic dementia can be confounded with neurasthenia, the mental changes produced by chronic alcoholism, plumbism, multiple sclerosis, etc., etc. It resembles neurasthenia in the very early or prodromal stages, when the symptoms may appear to be very similar. The occurrence of such symptoms in a previously healthy man should be viewed with a great deal of suspicion, especially if he becomes absent-

mind, negligent, irritable, and shows loss of concentration and judgment and increase of sexual power.

Paranoia with depressive and persecutory hallucinations and delusions is distinguished by the fact that the delusions are systematized, the patient thinks he is persecuted wrongfully, while the melancholiac believes that he deserves his sufferings.

In some cases of paresis symptoms of exudative syphilis introduce the disease. The patient may have palsies of the eyes, or attacks of hemoplegia. The specific exudate is found to be pressing against the convexity or against the base. Under the treatment the granulomata undergo resolution and the paralysis disappears, but the patient becomes emotional, excitable, his memory is impaired, his judgment is bad, and a pronounced dementia may set in in about 8 to 9 years' time.

Extensive loss of blood such as may occur from placenta praevia, or from some other accidents during labor, may also be a cause of a hallucinatory-confusional insanity in the puerperium, just as profound anæmia from haemorrhage after an operation can bring forth a similar derangement of an acute type.

Möbias, Lunz, Bernhard and a few others have described a polyneuritis following labor within a few days.

Delirium acutum is one of the rare psychoses, and females are apparently more subject to the malady than males. Christensen places 23 women to 10 men, Kraft Ebing 22 men and 23 women. Spitzka and other writers also give statistics showing a greater number of cases in the female sex.

The role of syphilis in the production of insanities of childhood is somewhat a problematical and indefinite one. Specific troubles are somewhat rare among idiots and imbeciles of low grades. Berkley, quoting the views of Langdon Down, agrees with the version calling attention to the higher grades of idiocy and imbecility, the so-called moral types, where he claims this rule does not hold good.

Yes, valerian is an old-fashioned remedy, often forgotten, and still how many conditions can be found that call loudly for its administration. In cerebral cases with loss of memory, vertigo, confusion—it will give much relief. I like the ammoniated tincture best and in good doses. It seems to me that neurotic patients are very tolerant of the drug, and it can be used in many cases. It will prevent convulsions, favor sleep, promote rest. When the skin is pale and cool and there is a feeble brain circulation, it will relieve depression. Use it with macrotlys.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

Vaccination in Typhoid Fever.

Whether one believes vaccination to be a desirable prophylactic or therapeutic procedure in typhoid fever or not, as intelligent physicians we should make ourselves familiar with this comparatively new method of prevention and treatment. The vaccine (typho-bacterin) is now being employed in the armies of this and other countries, as well as in private practice, with what seems remarkable success. According to the last report of the Surgeon-General of the United States army, an army of eighteen thousand men was mobilized in Texas, of which 17,000 were vaccinated. In this large number of men only one case of typhoid fever occurred, and the victim was an unvaccinated teamster. The report says that up to October 1, 1910, only five cases of typhoid fever had appeared among the soldiers vaccinated, but 418 cases had occurred among those not vaccinated. During the Spanish-American War 29,738 cases of typhoid fever occurred, and there were 1,580 deaths from the disease in three months. One man in six of the soldiers in the Spanish war suffered from typhoid fever.

In an instructive and carefully prepared article on this subject the *Medical World* in part says:

"The typho-bacterin is given in doses of 500,000,000 as an immunizing dose, followed by 1,000,000,000 ten days later. Four doses are sold in a package for \$3.50, containing four antiseptic syringes. The syringes contain 250,000,000, 500,000,000, 1,000,000,000 and 2,000,000,000. In the treatment of typhoid fever the therapeutic dose is 50,000,000 to 250,000,000, progressively increased. Some practitioners are now giving at high as 500,000,000 at intervals of two or three days, until four doses are given, watching the patient for any symptoms, favorable or unfavorable, that could be assigned to the use of the vaccine. The theory is that the formation of protective substances in response to vaccine follows definite laws, whether the vaccine be given as a prophylactic or as a curative agent. In treatment, the vaccine is reputed to lessen complications and prevent relapses, and possibly to shorten the duration of the disease. There has been no injurious effect noted as yet, and the use of vaccine does not interfere in the least with any other form of treatment. It is not advised that the regular treatment be suspended until after, at least, the fever is controlled by the vaccine. Do not err by giving too small doses. Continue the vaccine

till the temperature becomes normal or you are satisfied that the case will not respond to this form of therapy."

A Dangerous Treatment.

In an article on the treatment of pneumonia, written by Dr. R. L. Hammond, of Maryland, and published in the *Medical Brief*, the author gives his deadly treatment in minute detail. In addition to ice, poultices, blisters, rubbing and hypodermic injections of morphia, atropia and strychnia, the following conglomeration of drugs, which Dr. Hammond calls "Formula No. 1," is advised in *all* cases:

"Sodii salicylas, pure, gr. v.
 Acetanilide, pure, gr. i.
 Quiniae sulph, pure, gr. ss. vel. gr. ii.
 Tinct. digitalis, pure, 1890, m. ii.
 Tinct. aconit. rad., pure, 1899, m. 1-4.
 Hydran. chlor. mit., pure, gr. 1-20.
 Ipecacuanhæ fld. ext., pure, gr. 1-20.
 Strychniæ sulph., pure, gr. 1-200.
 Mentholi, pure, gr. 1-50.
 Methyl salicylat., pure, gr. 1-50.
 Moschi (Chinese), pure gr. 1-200.

"M. ft. C T. No. 1. Signa. One or two every two hours, dissolved in a teaspoonful of sterilized water, with cracked ice, and sugar if desired. These doses rarely need to be increased or diminished.

"Severe cases should take two of these tablets every two hours, those of milder type need take one and a half."

In favorably commenting upon Dr. Hammond's treatment of pneumonia, the old school editor of the *Medical Brief* remarks:

"The author has an intelligent and broad understanding of what constitutes therapeutics. * * * It is a helpful contribution to this important subject."

With such murderous trash being put forth by old school authors, it is no wonder that so many of their school have become therapeutic nihilists. It is to be hoped that the good Lord will have mercy on all pneumonia patients who are so unfortunate as to fall into the hands of Dr. Hammond, for "they surely will be in powerful need."

In pointing out the dangerous instructions of Dr. Hammond, the editor of the *American Medical Journal* in part says:

"However intelligent this treatment may appear from an Allopathic standpoint, we submit that from our point of view there is absolutely nothing to excite admiration but the writer's monumental ignorance of therapeutics. The idea of grouping together a dozen or more remedies in one prescription, labelling it "No. 1," and proceeding to administer this same No. 1 to every patient who happens to show symptoms of pneumonia. It is a well-known law of therapeutics, that

every case is a law unto itself, and temperament, condition of the nervous and circulatory systems, age, sex, etc., are to be taken into account in applying therapeutic measures. Under such therapeutics it is not to be wondered at that such a high mortality rate obtains; in fact were it not for the *vis medicatrix natura* possessed by these individuals every one of them would die under such so-called 'intelligent and broad' therapeusis."

Eclectic Remedies.

"I wish our eclectic writers, when they are supposed to be writing eclectically, would confine themselves to eclectic remedies and not browse in homeopathic pastures. We, of course, want the best and should choose such wherever found, but life is too short to endeavor to partly study all forms of medication. Let us study our specific remedies thoroughly and we shall not need to study attenuations. Some books recently published by eclectic writers read more like homeopathic than eclectic text-books. It will take all our time to become thoroughly conversant with our specific medicines without dabbling with the X's. The homeopathic principles are so entirely opposed to the eclectic that one cannot combine the two, nor properly study the one without relinquishing the other. Let us be true eclectics, prescribing for conditions of disease by opposing them with the physiologically indicated drug. A medical hybrid is not the highest type of physician."

The writer of the foregoing paragraph apparently has not yet learned that the principles of the eclectic school of medicine are as broad as the universe. Nor does he seem to know that all good remedies on or in God's green earth are eclectic remedies. "We want the best and should choose *wherever found*" [but] "not browse in homeopathic pastures," remarks the author of this unique statement. Oh, of course it would never do to climb the homeopathic wall, for such an act might cause us to become "medical hybrids." "Let us study our specific remedies thoroughly and we shall have no need of attenuations." This statement seems to be intended as positive and final, but what is five drops of ipecac in four ounces of water? How much more of the drug is obtained from such a dilution than from the third trituration? That such a dilution of ipecac is effective in severe vomiting, as well as in other abnormalities, is well known to thousands of physicians. "Some books recently published by eclectic writers read more like homeopathic than eclectic text-books," says our critic, and in so doing makes it evident that his knowledge of homeopathic books is exceedingly small. The world's progress is a rapid one, but the eclectic school of medicine is keeping right up close to the band wagon. Better buck up, brother.

Veratrum in Pneumonia.

I met an old school doctor in consultation in the case of a woman who had pneumonia. He had treated her by what he said was the "latest and most approved methods of therapeutics." We found the patient, an elderly lady, with a flushed face, full, bounding pulse—80 per minute—harassing irritable cough, dry skin, restless, sleepless and a dark-brown streak down the center of the tongue. I said: "Doctor, if you will stop everything else and give this woman veratrum veride, say 15 drops in four ounces of water, a teaspoonful every hour, she will surely get well." She got the veratrum and got well, notwithstanding the fact that the doctor said: "Give her veratrum and the next order will be the casket."

M. M. HAMLIN, M. D.

Chionanthus in Diseases of the Kidneys.

In diseases of the kidneys I have found chionanthus many times to counteract a high specific gravity, changing it to normal. I have used it in many cases where the urine was heavily loaded with albumin; in one case it cleared all up in two months' time, and in three months the patient was at work. He had not been able to work for two and a half years.

E. M. MCINTOSH, M. D.

The Eclectic Big Four.

I could treat nearly all acute diseases successfully with aconite, belladonna, veratrum and gelsemium, sometimes called the "Eclectic Big Four."

D. F. BOTHWELL, M. D.

Tissue Nutrition in Grippal Convalescence.

If grip were free from treacherous sequelæ, the physician could dismiss his grip patient after the acute period of the disease had passed, feeling sure that an uneventful return to health would soon follow. But these sequelæ strike when least expected. The heart muscle fails, with resulting acute dilation; or a tuberculous taint manifests itself. If it were made a routine practice to insist that grip convalescents take a tissue food of proven merit, such as Cord. Ext. Ol. Morrhuæ Comp. (Hagee), the complications and sequelæ of this infection would not be met so frequently and in less distressing form. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) contains the very elements the drained system needs to restore it to health and vigor, the contained extractives of the cod liver oil, coupled with the hypophosphites of lime and sodium, supplying this need in admirable manner.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Washington, D. C., in June, 1912. A. F. Stephens, M.D., president; W. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1912. T. D. Adlerman, M.D., president; E. H. King, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. C. Lloyd, M.D., president; H. Harris, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. C. Griel, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M.D., secretary.

Eclectic Medical Society of the State of New York.

Saratoga Springs, N. Y., Nov. 1, 1911.

My Dear Doctor :

The time of our next State meeting will be in March, 1912, and its importance cannot be overestimated. The influence of this next State meeting will be felt even in years to come, as questions of vital interest to you as an eclectic practitioner will come up for discussion, and I also promise you a most interesting meeting from a literary and scientific standpoint, as prominent eclectics from other States have promised to be present to read papers and take part in the discussions.

We sincerely hope that you will make all possible efforts to attend, and that nothing short of sickness will prevent you from coming and from voicing your opinion.

Eclecticism in New York State is burning brightly, but fuel must constantly be added, and it is our hope that you will join us in lifting the eclectic torch at the next State meeting.

In the meantime, we would like to call your attention to the prize of \$50 offered for the best essay on any subject in eclectic medicine to be read at the State meeting. Will you try for the prize? For particulars see the October ECLECTIC REVIEW, or address the president of the State society.

Fraternally yours,

THEODORE DAVIS ADLERMAN, M.D.,

President.

EARL H. KING, M.D.,

Secretary.

Eclectic Medical Society of the City and County of New York.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held in the college parlors, Thursday evening, Sept. 21st, President Lloyd presiding. The meeting was unusually well attended, and many visitors were present.

Dr. T. D. Adlerman read an essay entitled "Acute Anterior Poliomyelitis," which will appear in an early issue of the ECLECTIC REVIEW.

Dr. Boskowitz, in discussing the subject, spoke of the difficulty of early diagnosis—so many of the acute infectious diseases have symptoms in common with the disease under discussion, that the appearance of paralysis is really the first clue to the true nature of the malady. In speaking of the treatment of poliomyelitis, Dr. Boskowitz recommended echinacea as worthy of trial, the indication for its use being acute infection.

Dr. Pearlstein has seen favorable results follow the persistent use of passive movements of the affected part.

Dr. P. Cautiz strongly recommended hydropathic measures, particularly the early use of hot packs.

Dr. D. Alperin has noticed beneficial effects from the prolonged use of the compound elixir of hypophosphites.

Dr. Brandaleone reported a case of acute anterior poliomyelitis which was complicated with diphtheria. Large doses of antitoxin were injected, and no permanent paralysis followed.

Dr. Lewis Lanzer of Brooklyn was unanimously elected to honorary membership in the society.

Propositions for membership were as follows: Drs. J. E. Haggerty, Francesco Calivá, Victor von Unruh, Solomon Bloom, P. J. Catoggio.

Dean Hardy reported on the present condition of the college, saying the outlook was most promising. The new rules of the regents have been met and will work for great good in the college course.

Dr. Boskowitz made a few remarks about his stay in England last summer, dwelling chiefly on the standing of the homœopaths and the botanics in that country.

The Society then adjourned.

H. HARRIS, Secretary.

Florida Board of Medical Examiners.

The Florida Board of Eclectic Medical Examiners will hold its next regular meeting at 1805 Florida Ave., Tampa, Florida, on December 4th, 1911.

HIRAM J. HAMPTON, M. D., Tampa, Fla.,

Secretary.

C. E. Bennett, M.D., Pensacola, Fla., President.

Selections

Important New Preparations of Parke, Davis & Co.

General practitioners will be interested in the announcement by Parke, Davis & Co. of two new products of their chemical laboratories. Proposote and Stearoson are the names chosen to designate the preparations in question.

Proposote is creosote in combination with phenylpropionic acid. It is a straw-colored, oily liquid, neutral in reaction, nearly odorless, and having a slightly bitter taste suggestive of creosote. It is insoluble in water, but is slowly decomposed by alkaline liquids. The indications for it are the same as those for creosote. Tubercular cough following pneumonia, the cough of pulmonary tuberculosis, acute and chronic bronchitis, purulent bronchitis, abscess of the lung, asthma, and bronchitis complicated with Bright's disease are among the pathological conditions benefited by its administration. Being insoluble in acid media, it passes through the stomach unaltered by the gastric juice, to be slowly broken up by the alkaline fluids of the small intestine, hence may be given in gradually increasing doses until the desired effect is obtained. During prolonged administration, as is well known, creosote disturbs digestion, impairs the appetite, and often causes nausea and vomiting. Proposote is free from this objection.

Stearoson is santalol combined with stearic acid. It is an odorless, tasteless, light-yellow oily liquid that is insoluble in water and dilute acids, but is slowly broken up by alkaline fluids. The pathological conditions in which it may be employed with advantage are precisely those in which santal oil has long been used—chronic gonorrhea, cystitis, urethritis, vaginitis, pulmonary disorders such as chronic bronchitis, bronchorrhea, etc. It possesses therapeutic properties fully equal to those of santal oil, over which it has the important advantage of being practically without irritating effect upon the stomach. The explanation of the latter fact is that the preparation is not attacked by the acid gastric juice, but passes into the small intestine, where it is broken up or emulsified by the alkaline fluid and absorbed without difficulty. The distressing eructations and loss of appetite attendant upon the administration of santal oil do not occur when Stearoson is given.

Both Proposote and Stearoson were thoroughly tested clinically before being offered to the medical profession, and practitioners may be assured of their therapeutic efficacy in all cases in which they are indicated. They are supplied in 10-minim elastic gelatin globules, boxes of 25 and 100, and may be obtained through retail druggists generally.

CARNEGIE FOUNDATION SCORED.**Tufts Medical Head Says It Has Decreased Attendance.**

Medford, Mass., Oct. 15.—That the application of the Carnegie Foundation report on medical education during the past year at the Tufts' Medical School has resulted in "a marked decrease in numbers without any perceptible improvement in the quality of the men admitted," is the statement of President Frederick W. Hamilton, of Tufts' College, in his annual report to the trustees, made public to-night.

President Hamilton declares that "the schools which have prospered since the publication of the Carnegie Foundation report on medical education are the poorest and least scrupulous." He reports that Tufts' Medical School adopted the Carnegie Foundation suggestions restricting applicants for admission, but, in general, he finds that the suggestions, when practically worked out, do not secure better men or a higher standard of scholarship.

"No set of purely mechanical tests can ever determine the student's ability to do college work," says President Hamilton. "Our colleges are in some danger of yielding too far the standardizing pressure and forbidding entrance to, or actually casting out, some of the really best and most promising youth of our country.

"In every doubtful instance, the real test of a man's moral right to be in college is his ability to do the work, not his ability to satisfy entrance requirements."—*Journal of Commerce*, Oct. 16, 1911.

Storm Binder—The Favorite of the Medical Profession.

We note with much pleasure the wonderful growth of the Storm Binder in the favor of the medical profession. From a comparatively small beginning but a few years ago, the business has grown into a large and profitable one. Dr. Katherine L. Storm, the inventor and head of the concern, is to be congratulated on this success, which has been won through the worth of her binder and her fair dealing. Dr. Storm not only has the satisfaction of having built up a paying business, but she also has the greater satisfaction of having scores of grateful patients to whom her name is a synonym for relief and comfort. The testimony of the numbers whom she has helped in various conditions through the efficacy of her excellent binder and supporter means more to Dr. Storm than any other phase of her success. Probably no other binder on the market has to so great a degree the favor and confidence of the medical profession. The "Journal" rather especially rejoices in the success of this woman physician.

Dysmenorrhea as a Pre-Disposing Cause of Neurosis.

Functional irregularities of the organs of generation, particularly if accompanied by pain, is possibly the greatest factor in the increasing number of women who consult the general practitioner presenting marked neurotic manifestations.

Where malformation is not present, successful treatment depends not only upon recognition of the cause, but the proper selection of a remedy for its removal.

To normanize pelvic circulation and to relieve pain without resorting to an opiate is the object to be accomplished. Since the time of Sims, the sheet anchor of the general practitioner in the treatment of menstrual and obstetrical conditions has been Hayden's Viburnum Compound, a dependable and reliable product.

In neurotic conditions dependent upon menstrual irregularities, Hayden's Viburnum Compound not only exerts a calmative but a corrective influence.

Samples of H. V. C. with formula and literature will be forwarded upon request to the New York Pharmaceutical Company, Bedford Springs, Bedford, Mass.

Pneumonia and Pleurisy.

In these diseases we have the least waste of any of the acute diseases, but do get a marked condition of the urine in the reduction or absence of the chlorides, which is probably due to lack of proper oxidation and interchange of the gases that impairs tissue metabolism. It is not wise in these cases to give chlorides to cause a return of them in the urine; better by far to give oxygen to enrich the inspired air, and great benefit is derived in these cases by its early use. Even in these cases the normal salt solution will prove beneficial when the blood shows sepsis and the heart is faging and general arterial relaxation. Here to my mind milk is not as suitable a diet as kumiss, stock, bouillon, crust coffee, wheys, toast, hot water and jellies. Diminished salts are conducive of low blood pressure and should be avoided in nephritis and cardiac diseases; that some nervous diseases are benefited by the withdrawal of salts in the food for a time; that it will permit a much smaller amount of bromide to take effect. It is claimed that epilepsy is improved by abstinence and the attacks are intensified by its use. Unsalted food increases diuresis.

Lactic acid, fermented milk, as well as bouillon treated with the lactic acid bacillus reduce the fermentation in the intestines and stomach. The thyroid gland has proved beneficial as an emenagogue and also beneficial as a preventative of nitrogeneous toxemia.

Before closing this paper I desire to quote what Doctor Bryce has said about free purine diet. That the free purine diet is excellent in some chronic diseases and will help for a time headache, epilepsy and asthma, but only temporarily, for soon malnutrition will set in and the return of the ailments, and then relief can only be had by a return to the former diet. That it is not suitable for a regular diet. That it is well in excessive cases to reduce or eschew certain foods that have a minimum percentage of nutrition and contain purine, as tea, coffee,

cocoa, soups and gravies; that the first three contain methyl-purines, but do add uric acid to the excretion; that they do no harm, as the purine yields no potential energy and exerts no influence on the circulatory nervous system. That they do often increase the peptogenic effect and slightly aid digestion.

Book Reviews

Herself. Talks with women concerning themselves. By E. B. Lowry, M.D., author of *Confidences, Truths*, etc. Chicago, Forbes & Company, 1911.

Dr. Lowry in this book presents 25 chapters under appropriate headings of the things a woman ought to know; with just enough anatomy and physiology to interest and to make plain the talks which follow. The book should have a large sale.

History of the Vegetable Drugs of the Pharmacopeia of the United States. By John Uri Lloyd, Phar. M., with portraits of Charles Rice, Ph.D., New York, N. Y., elected chairman of the Pharmacopeial Committee on Revision, who died May 13, 1901 (see portrait), and Joseph P. Remington, Ph.M., Philadelphia, Pa. (see portrait), Dr. Rice's successor as chairman of the Revision Committee under whom the work appeared. Published by the Lloyd Library, Cincinnati, Ohio.

This is a most interesting volume, dealing with the history of all the vegetable drugs of the United States Pharmacopeia, and to the empiric in practice it has a particular interest, for as you read the history of these drugs you find that without exception they have all been introduced to the medical profession and pharmacy from an empirical direction.

In gathering material for this history, 763 authors and over 900 volumes were consulted. A careful bibliography has been arranged by Mr. William Holden, Librarian, the Lloyd Library, and this makes this volume very complete.

The Blood and Its Third Anatomical Element. Application of the Microzymian Theory of the living organization to the study of the anatomical and chemical constitution of the blood and to that of the anatomical and physiological causes of the phenomena of its coagulation and of its other spontaneous changes. By A. Bechamp, formerly Professor in the Medical Faculty of Montpellier (France), corresponding member of the Academy of Medicine, etc. Translated from the French by Montague R. Levenson, M.D., of the Baltimore Medical School and M.A. and Ph.D. of the University of Gottingen. 438 pages. Cloth, \$1.50. Postage, 10 cents. Philadelphia, Pa. Boericke & Tafel. 1911.

This work interests from different standpoints and shows a new discovery, "the Microzymian Theory," one of the doctrines to interpret the source of life. The author demonstrates in the different chapters the exhaustive methods of 50 years' experimentations which led him to his conclusions. The replacing of the atomic by the ionic theory has an analogy here, and the author shows that the cellular theorem can be resolved into his microzymian hypothesis.

As we cannot go into details, suffice it to say that the presentation of the subject has been made lucid and exhaustive, giving rise to interest and thought, hence the work is highly recommended.

Hieronymus Fracaster's *Syphilis* from the original Latin. The Philmar Company, Saint Louis, 1911. \$2.00.

After reading and listening to modern orations on the advance in medicine and surgery, and hearing of the wonderful strides medicine has made, the reviewer enjoys very much to pick up some little work on medicine written many years ago, and after reading it come to the conclusion that, after all, we may have run many a mile, since the time of Hieronymus Fracaster—on a circular track. Fracaster's poem starts with a discussion of the question whether syphilis was imported from America into Spain and thence distributed all over the civilized world and the uncivilized world for that matter, or whether it has existed in Europe even before the discovery of America. Then Fracaster goes into speculation and theorizing on the question of contagion, infection, influence of atmosphere and miasma on health and disease, and thence goes into the symptoms and cure of syphilis.

After devoting some space to hygienic rules, as to diet and exercise, and recommending purgatives, he advocates scordium, a plant whose flower gives off the smell of garlic, for the purpose of ridding the body of the syphilitic poison.

(Garlic reminds the reviewer of Arsenic and Cacedylate of Soda, and Salvarsan and 606, and oh, how advanced we are.)

He also recommends both Mercury and Guaiac as remedies for this disease and numerous other adjuvants, which perhaps deserve as much place in our pharmacopœa, as some of the newer remedies.

The little book is well worth reading, for, apart from its historical interest, it furnishes a great deal of food for thought. A. W. H.

Items

Dr. George W. Holman, a graduate of the New York Eclectic Medical College and a practicing physician in Brooklyn for many years, died in the Methodist Episcopal Hospital, on the third of October. Dr. Holman was born in Sterling, Mass. When gold was discovered in California he was among the first to seek fortune in that

region. After remaining four years in California, Dr. Holman returned and took up the practice of medicine in Brooklyn. He is survived by three sons and two daughters.

Dr. Robert A. Toms of Tonawanda was elected supervisor at the recent election.

The first Beachonian Open Meeting, which was held the end of October, was a most successful affair. Old and new students alike seemed to enjoy it.

And "where is the Merrill adv.?"

Are you getting ready to compete for the "Prize Essay."

This State meeting promises to be a hummer.

Connecticut Eclectics seemed much pleased to meet Drs. Brandenburg, Hardy and Thompson at their 55th semi-annual meeting, and the words of all was "Come again."

We have been informed that the Los Angeles and Cincinnati colleges have enrolled fine classes.

If you need office furniture look up the J. W. Hughes Company.

Read the advertisements and be sure that the REVIEW family gives them the preference when selecting goods.

Dean Hardy, at its 55th semi-annual meeting, presented to the Connecticut Eclectic Medical Association a scholarship in the New York Eclectic Medical College, stating the conditions and what it was hoped would be accomplished by this generous action. A vote of thanks to Dr. Hardy and the college he represents was unanimously adopted.

The Faculty meeting is scheduled for Nov. 18th. Full report in next REVIEW.

Miss Dempster: The supervising nurse of the Manhattan Visiting and Instructive Nurses' Association is to be congratulated upon the success of the concert which she arranged and which was given at the College parlors, November 11th. It was an enjoyable program and netted quite a nice sum for the Nurses' Association.

Some think the State prize will go to Brooklyn?

"Diamond George" is once more a citizen of New York County.

Eclectic Medical College

239 East 14th Street

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THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. XIV. NEW YORK, DECEMBER 15, 1911. No. XII.

Hints and Winnowings.

One who has watched the progress of medicine and surgery for a quarter of a century must realize that the advancement made in the practice of these arts during this comparatively short time has been truly marvelous. An abundance of evidence of these great achievements, especially in so far as they relate to the practice of surgery, is markedly manifested in the results of operations performed at a meeting of the Clinical Congress of the Surgeons of North America, recently held in Philadelphia.

A brief mention of a few of the most important operations performed at this meeting may not be devoid of interest. Dr. C. H. Frazer pierced an aneurism of the aorta with a hollow needle, and through the needle ninety-six inches of fine gold wire were carefully inserted and coiled in the sac. Then an electric current was sent into the coil of wire and continued for more than an hour. The effect of the electric current was to coagulate the blood, which coagulation relieved the strain on the walls of the blood vessels. It is stated that the life of the patient will be considerably prolonged by the operation. Dr. Carroll successfully replaced a man's diseased kidney with a kidney of a dog, but the greatest operation along this line was performed by Dr. L. J. Hammond, who removed a diseased kidney from a living man and replaced it with a healthy kidney taken from a dead man who was accidentally killed twenty-four hours before the operation. The patient was suffering from tuberculosis of one kidney. In the opinion of all who witnessed the operation, the transplanted kidney will perform all the functions of a healthy organ. Dr. Leconte removed an abscess from within one of the lungs of a patient with the aid of a recent invention. The chest of the man was laid open and the lungs allowed to collapse to a slight extent. Then a tube was placed down the patient's throat, and thus the lung was reached. By mechanical means the lungs were forced to expand again. This operation is believed to prove that it is possible to open the thoracic cavity with safety. Another operation performed by Dr. Frazer was the removal of a section of the skull of a man threatened with blindness through the pressure of a growth upon the base of the brain and spinal cord. The cord was bared, the growth successfully removed, and it is claimed

that the man's sight will be fully restored. Many other delicate operations were successfully performed, showing the wonderful work being accomplished along the lines of operative surgery.

Liberty is not always well understood. Its meaning often depends upon one's viewpoint, for, as the late Prof. A. J. Howe was wont to say, one's orthodoxy is very liable to be regarded as heterodoxy by his next-door neighbor.

Man has always objected to being told what he must do, and he detests censorship. He likes to act in accordance with his own free will, and in doing so has sometimes failed to remember that one man's rights end just where another man's rights begin. Freedom, regulated by wholesome laws, is quite different from the license which men have often mistaken for liberty. We all need a restraining power—an influence which will restrain us from doing that which is likely to prove detrimental to the well being of the community at large. It has been through the influence of just and restraining laws that civilization and liberal governments have reached their present stage. These restraining laws have enabled those who desire wholesome freedom to control the undesirable tendencies of the agitation and argument of persons opposed to all laws regulating the pursuits incidental to civilization, even though all persons engaged in such vocations are treated with equal consideration. We would hardly be willing to dispense with the services of policemen, even if they do more or less restrict our liberty, for they many times constitute an essential part of our form of civilization, and prevent certain classes of freedom-loving persons from lapsing into barbarism and becoming a menace to all decent people. An illustration of this point was presented at the recent Coney Island Mardi Gras. Three young men who evidently believe in unrestricted freedom, took a young woman from her escort and proceeded to take off her clothing. Before her shrieks could secure the assistance of policemen, these fiends had succeeded in removing her waist and skirt. This incident well points out an important reason why "complete freedom" cannot be permitted in a civilized country. Liberty—freedom—in all walks of life must ever be safeguarded and restricted by just laws which affect all alike.

Sir William Osler, who before becoming a resident of the British Isles, and when a plain American doctor, formerly of Canada, became somewhat famous (or notorious) by asserting that a man of 60 years was no longer useful, in a recent address said: "A man is as old as his arteries." True for Sir William and lucky for the man with young arteries. The remark, however, is hoary with age. How fortunate it is that the average man does not know whether or not his arteries are hardening, for if he did know he would have something new to worry about, and another portion of his body to "monkey" with.

The United States Public Health and Marine Hospital Service has issued a chart illustrating the anatomy and life history of the bookworm; the methods of its dissemination, methods of prevention, and pictures of severely infected persons. The charts are being used by some of the State Boards of Health in their efforts to eradicate the bookworm disease.

The Connecticut legislature, at its session of 1911, appropriated eight thousand dollars to carry out the provisions of the law concerning the free distribution of diphtheria antitoxin. In compliance with this act of the Legislature the State Board of Health has contracted with the Mulford Company, of Philadelphia, to furnish the necessary antitoxin, and adopted the following rule in regard to its distribution:

"The antitoxin is to be distributed through the general drug trade. When a physician wishes to use the antitoxin, he is to secure an order from the health officer of the town in which it is to be used. If this order is then presented to a druggist dealing in Mulford's goods, it will be supplied from his regular stock. The Mulford Company will in a few days send to all health officers a supply of order blanks, as well as a list of the distributing stations in their neighborhood. This will be the general plan of distribution, although it may have to be varied to accommodate some localities."

The chemists are surely doing some great stunts, and still there seems no limit to their outreaching for new fields of labor. In speaking of the wonderful things already made possible by means of the "black art," a young chemist said that out of the average man in good health he could make sixteen pounds of candles, one pound of nails, 800 pencils, bindings for sixteen octavo books, 500 knife handles, twenty-five violin strings, twenty teaspoonfuls of salt and one pound of loaf sugar. What a profitable acquisition this young man might make to an enterprising department store!

Colorado is the last State to wheel into line in the abolishment of the public drinking cup. Such cups became a thing of the past in all public places in this city on the first day of October. In Connecticut it will be unlawful on and after January 1, 1912, to provide a common drinking cup in, or upon the premises of, any public building, hotel, restaurant, theatre, public hall, schoolhouse or store; and in any public park, street, railroad car or steamboat.

In his appeal to eclectics to stand firmly and loyally by their own organization, Dr. Stephens, president of the National, presents much valuable food for thought. The words used by the doctor in pointing out the trend of public sentiment are timely and well worth repeating in this place. Dr. Stephens says:

"Eclecticism is moving forward more rapidly than many of us realize. The people are waking up to the fact that there is a better way than the old way and they are quick to grasp a fact when it is presented

to them in the proper manner. The time to hold back and take a pessimistic attitude is past, and it requires only a united effort to raise Eclectic stock to par or above. This is not a chimera I am describing, but a fact."

Instead of being crowded, as old school doctors are, eclectic practitioners are too far apart. At least 2,500 eclectics are needed at once, and for many years we must fall far below the demand for good men and women who thoroughly understand specific medication.

FYFE.

The State Meeting.

From all indications the next meeting of the Eclectic Medical Society of the State of New York promises to be of unusual interest. The president of the society, Dr. T. D. Adlerman, is in receipt of letters daily from members in different parts of the State, assuring him of their presence at next State meeting at Albany. Prof. John Uri Lloyd will present a very interesting paper on *materia medica*. Another paper of great interest to eclectics will be read by Prof. H. J. Lohmann of Jersey City, N. J. A number of other papers by some of our best men will be presented. We are also assured of good delegations from neighboring states. The up-state members will come in force this year, and with good delegations from New York City and Brooklyn we are sure of an excellent attendance.

T. D. A.

Original Articles

Definition and Etiology of Chronic Gastric Catarrh.

(Read at a joint meeting of Brooklyn Therapeutic Society and the Kings County Eclectic Society.)

BY N. SHAPIRO, M.D.

The subject of chronic gastric catarrh, or chronic inflammatory dyspepsia, or chronic vomiting, is so very common, yet when studying its definition we found it a task hard to perform. Personally, I believe it is more for the pathologist to determine the definition than for any one practitioner.

Nevertheless, after examining different authorities on the subject, we concluded that chronic gastric catarrh is a chronic inflammation of the mucous membrane of the stomach increasing the mucous secretion, changing the character of the gastric juice, establishing conditions favoring the process of fermentation, enfeebling the contractibility of its muscular coats and so changing its integrity as to render normal digestion impossible, and frequently resulting in structural changes.

In the chronic gastric catarrh of infants there is a question whether

there is in some cases an actual inflammation of the stomach or whether the disturbance is purely functional. It is difficult to understand because the process of digestion in infancy cannot be separated into the several different acts; it is a continuous process.

Etiology—Chronic gastric catarrh is a widespread disease, occurring in all stations of life, but most frequently among the poorer classes, where the quality of the food is so inferior as to keep the stomach in a constant state of irritation; also caused by the numerous influences which arise from defective and inappropriate diet, such as decomposed articles of a liquid or solid nature containing bacteria or toxins, as spoiled or decomposed meat or fish, or decomposed articles of food, sticking between the teeth, containing toxins, and thereby carrying them into the stomach; also by such articles as vegetables, cheese, wine, cider or beer that has not completed its fermentation. Infected milk and pond-water have been causes of gastric catarrh.

Excessive indulgence in perfectly healthy food can provoke the trouble, not only by the mechanical distension and irritation which are caused thereby, but by the inability of the motive power to move the ingesta about and to expel them into the duodenum, and also by the deficiency in gastric juice, which is able to digest a normal, but not an excessive amount of food.

Chemicals—Such as quinine, salts in large doses, in fact all the metallic salts, particularly copper, antimony, arsenic, lead, mercury, gold and silver. Acids and alkalies, unless properly diluted, will cause irritation and consequently catarrh of the stomach.

Psychic Cause—Such as mental disturbance, from constant grief, sorrow, terror, anger and sometimes excessive joy, have been observed to cause this condition. Sexual excesses and neurasthenia seem to be great factors in producing this ailment.

Scratching or bruising of the mucosa by accidentally ingesting materials, as fish bone, egg shells, oyster shells, or fruit seeds, may be a possible cause in chronic gastritis. Professional baseball players will often suffer from chronic gastritis by being struck with a baseball in the xiphoid or hypochondriac region.

Sex and age have great influence in causing this disease. For instance, out of every 100 cases, 75% males and only 25% females show chronic catarrh of the stomach. Difficult menstruation and puerperium will eventually cause a chronic catarrh of the stomach.

Old persons and the very young, especially those of feeble body, are more prone to this disease. It may arise from all processes leading to nervous congestion of the stomach, such as affection of the organs of the portal system, especially of the liver and spleen.

There are certain disease conditions which may bring about a chronic gastritis by effecting alterations in the composition and structure of the blood; among these are anemia, chlorosis, scrofula and sec-

ondary anemias following thyphus and typhoid fever, certain exanthemata, pregnancy, tuberculosis, diabetes, gout and nephritis.

Irritating substances brought continuously in contact with the mucosa, either from without or from the blood, are believed to cause the disease.

Pronounced causes of this catarrh are defective chewing and insalivation, hurried eating and swallowing of large pieces of food, also putrefaction of curious teeth or the different forms of stomatitis or gingivitis.

If I were to write a book on the diseases of the stomach, I would add another synonym to chronic gastritis, and that is gastritis americana—because of the excessively hasty eating in this country, with the abuse of ice water at meals, and of tobacco and alcoholic liquors between meals; also because the majority of American people live in congested cities under commercial and social conditions which are pernicious to the digestive system. The high mental pressure produced by the demands of business, the constant worry and nervous tension caused by the force of competition, and the anxiety to get rich quick, by straining all mental and physical powers—all bring about a manner of hasty eating, with the result of a chronic gastric catarrh.

A great many business men and the majority of working people, owing to lack of time, do not chew their food, and therefore allow no time for insalivation. If it were possible they would gulp down their food dry, but since they cannot do it they wash it down with ice water, thereby causing a great deal of disturbance in the stomach. Tobacco juice is responsible for this disease and also the habitual use of pepper, ginger, mustard and horse radish.

Chronic gastric catarrh plays an important part in infants who are improperly and usually badly cared for. Infants on the breast do sometimes develop this disorder, but very rarely.

Among the poor, lack of proper care, lack of sunlight, bad air, poor food, irregularity in feeding, and exposure to wet and cold, all play a part in inducing such disorder. The early giving of tea and coffee, or strong liquors are factors in producing this condition.

The presence of some constitutional disorder which lowers the tone of all the tissues, such as rickets, syphilis, tuberculosis and anemia, may be an indirect factor.

Cardiac, lung and liver affections producing a venous congestion of the stomach will cause gastric catarrh. Also repeated attacks of acute gastritis may produce a chronic gastritis.

In older children chronic gastritis is usually the result of persistent use in indigestible foods, as pastry, pickles, pies and candies, or bad habits of eating at irregular intervals, or violent exercise immediately after eating.

There are a great many etiologic factors in chronic gastritis in

the adults which we generally overlook, for instance, diseases of the rectum, such as hemorrhoids, prolapsus of the bowel, fissures and fistulous ulcers. Also diseases of uterus, ovaries and tubes, as well as urethral and bladder diseases, enter into the causes of chronic catarrh.

And, finally, such secondary lesions to the stomach as cancer, ulcer, or dilatation, will cause a chronic catarrh of the stomach.

Brooklyn.

Symptoms, Diagnosis and Prognosis of Chronic Catarrh of the Stomach.

BY M. B. PEARLSTEIN, M.D.

Symptoms: Formerly chronic catarrh of the stomach was considered the most frequent disease of that organ, and even today this belief is prevalent, but as a matter of fact chronic gastric catarrh is not as frequent a disease as is supposed.

A careful anatomical examination of the stomach is so difficult that we need not be surprised to find our knowledge in this respect quite deficient.

Chronic catarrh of the stomach may develop from acute or sub-acute gastritis; the development is usually slow, the patients are rarely able to make any precise statement as to duration. They will tell you the condition began gradually and the appetite was irregular or decreasing; there is a feeling of pressure and distress in the region of the stomach and following same there is belching. These symptoms gradually increase in severity without, as a rule, becoming particularly intense. There is fullness in the head, insomnia and general lack of energy; there is usually belching and nausea and occasionally vomiting; the latter usually occurs in the morning when the stomach is empty. The patients usually complain of bad taste in the mouth and putrid breath, anorexia and increased thirst; they feel weak, depressed and unable to perform their duties. They are frequently melancholic and inclined to hypochondriasis. These symptoms are frequently complicated later on by a series of nervous phenomena. All these symptoms may continue at the same height or with varying intensity for many months or even years.

Frequently the patients feel satiated even after a very small meal. Occasional attacks of violent craving for food seem to occur suddenly, with the result that a bite or two of the food will usually stop these sensations and soon produce a feeling of nausea. In exceptional cases the appetite may remain relatively good. In some cases of chronic gastric catarrh there is an increased secretion of saliva, others again complain of extreme dryness. Men that smoke a great deal and drink heavily complain of nausea, particularly mornings. Some people are able to vomit as soon as they feel nauseated; others do so with great difficulty,

and, when they do, they usually vomit undigested food remnants that have remained in the stomach from the previous meal.

These morsels of food are usually mixed with quantities of tough mucus; if vomiting occurs when the stomach contains no food, the vomit usually consists of numerous tough masses of mucus that are occasionally mixed with bile. In all cases of chronic gastric catarrh, there is more or less eructation of bitter fluids.

Other symptoms that patients with chronic gastric catarrh complain of, belong particularly to the nervous sphere; there may be headache, vertigo and a sensation of fear, particularly after eating. In other cases symptoms of asthma dyspepticum appear (a mild degree of dyspnea characterized by certain subjective symptoms of oppression). Still other cases complain of palpitation of the heart or of pulsation in the epigastric region, particularly at the time of digestion.

Tongue indication: The tongue, which is, so to speak, the mirror of the stomach, is broad, flabby and is covered with a pasty gray or grayish-yellow mucus; the coating on the tongue is thick, particularly in the region of the dorsum, and the patient describes a metallic like, thick, slimy taste.

Palpation of the stomach discloses a certain sensitiveness to pressure which is not limited to any one circumscribed area, but is usually present diffusely over the whole region of the stomach.

Diagnosis: We must not depend on any one symptom to diagnose chronic gastric catarrh. Complete subjective and objective symptoms are necessary.

The only way by which to arrive at a *positive diagnosis* is to examine the stomach contents. In this examination, the determination of hydrochloric acid is less important than the examination of mucus.

The stomach contents should be aspirated after a test meal or a test breakfast; such contents appear as are large, coarse morsels of food that are only very little digested; in fact, they look as if they had just been swallowed. In addition, there will be abundant quantities of mucous intimately mixed with and adherent to the food remnants; the stomach contents are therefore thick, tough and sticky.

The largest quantities of mucous are found where there is complete absence of hydrochloric acid, but, as a rule, the reaction for free hydrochloric acid is very feeble.

In the majority of cases the secretion of gastric juice is more or less decreased, as is pepsin—and in cases where there is a marked atrophy of the stomach, no gastric juice is secreted.

Analogous symptoms are seen in purely nervous dyspepsia, chronic dyspepsia, neuroses of the stomach, hyperchlorydria, ulcers of the stomach, amyloid degeneration of the mucous membrane of the stomach and carcinoma in its early stages.

Aside from the complete history of the patient and observation of

all the clinical signs, chronic gastric catarrh can be differentiated from all other conditions above named by careful and persistent examination of the stomach contents. Chronic gastric catarrh may be complicated by one or more of the above named conditions, in which case a positive diagnosis is very difficult.

In various forms of dyspepsia and neuroses of the stomach, the symptoms are never so uniform nor so persistent as in chronic gastric catarrh. In ulcers of the stomach, unless it is complicated with some other disease, we usually find that digestion is very good; in fact, occasionally abnormally rapid. Slow or difficult digestion of albumin is seldom seen in ulcers of the stomach.

Amyloid degeneration of the stomach is considered a secondary disease, following some chronic suppuration of other parts—such as liver, kidneys, spleen, etc., also chronic tuberculosis of the lungs.

In carcinoma of the stomach the hydrochloric acid secretion is reduced from the very start—and there is also a complete loss of peptic power very early in its course; then again there is that characteristic breath in carcinoma of the stomach.

Prognosis: The prognosis of chronic gastric catarrh depends a great deal on the duration and severity of the existing condition and complications.

In the secondary forms of gastritis, the prognosis depends on the primary disease.

Mild degrees of chronic gastric catarrh may be cured.

If there is hyperthrophy of the muscularis and stenosis of the pylorus, the prognosis is less favorable.

Where there is a marked degree of atony of the stomach, the prognosis is more or less unfavorable.

Brooklyn, N. Y.

Pathology of Chronic Gastric Catarrh.

BY MAX MEYER, M.D.

(Read at a joint meeting of the Kings County Eclectic Medical Society and the Brooklyn Therapeutic Society.)

No closer relation exists in pathology than the mutual correlation between gastric and other diseases, and for diagnosis and treatment one should not lose sight of this fact.

When we speak of the morbid anatomy of the digestive organs, we must naturally keep in mind size and capacity, vessels and nerves of the stomach; we must picture before our eyes the histology of that organ as well as the physiologic-chemical elements, their functions and uses, particularly saliva, gastric fluid, fermentative processes, resorption and motor-activity.

Chronic gastric catarrh means a chronic inflammation of the stomach, characterized by changes in the gastric juice, increased secretion of mucous and weakening of muscular power plus dyspepsia.

This definition explains in a nutshell the pathological changes.

Chronis gastric catarrh is not a well defined disease; and the variations we meet are manifold. We speak of simple chronic, interstitial or sclerotic, irritable, catarrhal, oxaluric, hepatic, etc., and although it is quite difficult to present a uniform pathological aspect, I shall endeavor to give a general view of the subject.

As in all inflammatory processes of the mucous membrane, so here: the surface is covered with a yellowish-gray and thick layer of tenacious mucous, and as some parts of the mucosa are not affected, they remain reddish, hence a mottled appearance of the walls will be seen. The membrane is greatly injected, swollen, more folded than normal, and especially the pyloric portion is suffering. As a rule these conditions exist at the same time in the intestinal canal, i.e., chronic congestive gastro-intestinal catarrh.

In other cases the surface of the thickened mucosa is covered with flat elevations and low verrucose protuberances which are termed "état mamelonné."

In this hyperplastic and sclerotic form we may find proliferations, and when the disease has reached an advanced stage true, warty elevations or even larger polypoid growths appear. As a result of oft-repeated hyperæmic conditions, with their associated hemorrhage by diapedesis, we may sometimes find a diffuse or partial pigmentation of the mucous membrane.

Microscopically the glands are swollen and dilated, the acini have lost their normal ramifications, the cells appear granular and tend to fatty degeneration, small-celled infiltrations appear between the interstices and crowd the glands apart. The epithelium of the mucosa is torn and the mouths of the glands are filled with glary, tenacious, pale mucous; this leads to mucoid degeneration.

The inflammatory process, having existed for a long period, causes finally a total destruction; a condition which has been termed "atrophy of the stomach or anadenia ventriculi."

The submucosa in consequence suffers also, and fatty degeneration with production of round cells and total absence of glands results.

Secondary processes gradually make their appearance, and then we find that fibrous elements spread around the glands and destroy ultimately these structures; in consequence the walls of the stomach become thickened and the whole organ is reduced in size. This process is spoken of as "cirrhosis ventriculi or sclerosis ventriculi."

On the other hand, the gastric fluid is lessened in acidity, while pepsin and rennin remain normal. The motor functions are slightly impaired and absorption is retarded.

In connection with chronic gastric catarrh we often observe chronic diseases of the liver and heart, hence the pathologic relation. This

then is in brief the morbid anatomy of chronic gastric catarrh and the sketches I here exhibit will illustrate the subject.

New York City.

Eclectic Treatment for Chronic Catarrhal Gastritis.

BY GEO. W. THOMPSON, M.D.

(Read at a joint meeting of the Kings County Eclectic Medical Society and the Brooklyn Therapeutic Society.)

(Chronic Catarrh of the Stomach: Chronic Catarrhal Dyspepsia.)

To give the eclectic treatment for chronic catarrh of the stomach, the etiology of each case must be considered. The first thing to learn is whether the case is catarrhal gastritis or not, and if it is a primary or a secondary symptom of other diseases, about 80% of the cases are due to dietetic errors, 19% are secondary, and 1% due to structural lesions of the walls of the stomach. The gross causes of the disease may be classed as chemical, mechanical, thermic, and biologic. Any of these may be due to dietetic errors; mechanical may also be caused by hepatic hyperemia, or inflammation, portal obstruction, right cardiac insufficiency and pulmonary diseases, or from abdominal or intergastric tumors. Thermic causes may be extreme cold or heat; chemical, high fever, changed chemical constituents of the blood (vito-chemical), chemical deficiency, excess or absence of the constituents of the gastric secretion due to constitutional diseases as seen in anemia, chlorosis, rheumatism, gout, malaria, tuberculosis, Brights' disease, diabetes, syphilis, bone and skin diseases. Some of the diseases mentioned produce chemical vital irritants as seen in Brights' disease, and in the texemia of decayed and diseased food. Some of the irritants cause blood changes that interfere with gastric secretion, while some skin diseases, as eczema, lichen urticaria and herpes, reflect through the nerves so that the gastric juice becomes deficient in quantity or quality, or both.

Eighty per cent of the cases of chronic catarrh of the stomach are due to dietetic errors, and efforts must be made to correct them; regular feeding must be insisted upon, the intervening time must be regulated to suit each case; some will require small quantities of food at longer or shorter intervals, depending upon the gastric fluid, activity of peristalsis and the condition of the stomach; in severe cases feeding by mouth may have to be suspended for days and rectal feeding become necessary. The kind and quality of food must be selected and the amount prescribed, oft-times taking into consideration individual idiosyncrasies, their tastes, station in life, and the class of work the patients are performing.

The mouth must be examined and the condition of the teeth noted: defective ones should be repaired and suppurating ones removed as thorough mastication will incorporate the pus and other infective secre-

tions into the food. The throat, fauces and pharynx should be examined to see if there is post-nasal discharge, if excessive, and if there be suppuration from any of the parts; for if gastritis may not be produced directly by these discharges they aggravate the symptoms and retard recovery, by surrounding the bolus of food with an alkaline mucus before entering the stomach; the bolus is then covered with another coat from excessive mucus secretion, as seen in gastritis muciparous. This condition neutralizes the action of the acid, irritates the sensitive stomach, and exaggerates the symptoms of the disease.

Liquids of any kind should not be used in prescribing, and the common mixing of liquid with food while masticating should be forbidden; it dilutes the saliva, prevents mouth digestion, deprives the stomach of food for absorption and of a natural stimulant to gastric secretion that is required especially in gastritis anacida; it also dilutes the normal gastric secretion so that a proper acidulation of the nitrogenous food will retard the peptonizing process. It favors fermentation, dilation of the stomach, epigastric distress, and the formation of the acid lactic and butyric acids, eructation of gas, regurgitation of food, sour and bitter, from parapeptones. The drinking of ice water, coffee, tea, malt, liquor, wines, cordials and alcoholic liquors, or other liquids that may act as condiments between meals, must be forbidden; for often this indulgence is the cause of gastritis, or it may be the cause of prolapsus or of prolongation of the attack.

When there is intense thirst, which very often is caused by a dry month, a mouth drouth can be relieved by frequently rinsing the mouth, or, when due to the stomach, by frequent sponging of the body with tepid water, or a high enema of a pint of the same. Tobacco chewing and the swallowing of saliva must be prohibited, excessive smoking must not be allowed; injurious habits must be restricted or prohibited, and sometimes it will be necessary to suspend vocation or abandon it entirely on account of the effect on the nervous system.

Before selecting food, an examination of the stomach secretions should be made, both chemical and microscopical, and the motility of the stomach tested. The chemical examination may reveal excessive hydrochloric acid (gastritis acida), or too little acid (gastritis anacida), or the absence (atrophic gastritis), or the presence of acid salts (lactic, butyric), or show an alkaline condition as seen in profuse catarrhal mucous gastritis in which the HCL is neutralized. In the simple form of chronic catarrhal gastritis HCL is usually diminished. The pepsine may be diminished by structural lesions or from nerve influence. The microscope may reveal the presence of sarcinae ventriculi, yeast fungi, and numerous bacteria. Many of the microscopic organism are taken in with the food and some of them contribute to the distressing gas formation and dilation of the stomach which may precede and be the cause of gastritis or be the sequela of it.

In selecting food, where there is deficient HCL or ferment, the albuminous food must be reduced or eschewed, and it will be necessary to give after each feeding dilute HCL, 5 to 10 M. and $\frac{1}{4}$ to $\frac{1}{2}$ a grain of pepsin. Care must be taken in the administration of pepsine in phlegmonous inflammation and gastric ulcer, as such is liable to digest the parts poorly, supplied by blood. The specific indication for the acid is the red-edged and pointed tongue, or the intensely red tongue, and the eructation of gas, regurgitation of liquid, the presence of bacteria, and the distress following a meat diet. In alkaline conditions, the distress following a meal will be relieved by a small amount of pancreatin, and in this condition a mixed diet may be prescribed until the condition of the stomach is restored to normal. It will be necessary to give a test meal from time to time and then withdraw a portion of the partially digested meal to see what progress is being made. In mild cases a variety of food may be prescribed; milk is one of the principal foods, and the stools should be watched to see if curds appear, when the amount of milk must be diminished; milk and vichy are given when there is hyperacidity; clam broth, buttermilk kumyss, panopeptones in warm water, acid albumine water, white meat of chicken and game, if there be no fermentation. Farinaceous food, junket, pig-and-calf's foot jelly, stale bread is allowed in gastritis acida; toast or burnt bread is excellent; it is well to avoid the fruits, berries, potatoes, farina, pastry, spiced and sweetened preparations.

Often in the severe cases a half-cup of hot water every two or three hours is best with rectal feeding, if it be necessary to continue the hot water for a long time. Albumine water, diluted milk given as a high enema, will satisfy the hunger and the thirst.

Besides the medicine that is required in secondary gastritis, other medicine must be given to relieve the symptoms as they appear. When there is distressing nausea and the ejection of stringy mucous some time after a meal, or in the morning, a cup of hot water and 10 gr. of bicarbonate of soda will be helpful, also the washing of the stomach with 1 quart of hot water and a drachm of soda at regular intervals, followed by a weak solution of geranium maculatum, 2 ounces of the fl. ext. to a pint of water, or a weak decoction of white oak bark whenever there is profuse catarrhal condition; these lavages to be followed by the subnitrate of bismuth 10 gr., lactopeptine 3 gr., ingulvene 2 gr., acacia 5 gr., every four hours, or as often as vomiting occurs. The oxalate of cerium 10 gr. and gallic acid 3 to 5 gr., is also excellent. In pronounced acidity and intense epigastric burning natrium bicarbonate 5 to 10 gr., is useful. Sodium phosphates, Rochelle salt and the Hunyadi and Carlsbad waters, and in fact any of the waters that contain the magnesium and soda salts, are given to move the bowels, neutralize the secretion, and relieve the stomach of hyperaemia, are useful. The quassia solution is exceptionally good when there is a brown

furred tongue, and when black, baptisia tinctoria is added to the solution. When the brown tongue is associated with a foul breath sodium sulphite, 5 gr., and baptisia in 5-drop doses every three hours should be given.

When there is pain the ext. fl. of dioscorea in teaspoon doses often relieves; it may be necessary to resort to the opiates; when necessary $\frac{1}{2}$ gr. of powdered opium and 2 gr. plumbi acetatis; when required apply externally hot packs of water, or vinegar, or mustard plaster, allowed to remain on the epigastrium until redness is produced.

Nitrate of silver, $\frac{1}{4}$ gr., and the ext. of hyoscyamus, $\frac{1}{2}$ gr., given before a meal will insure relief during digestion. When there is gaseous distension and it is not relieved by the HCL, Hydratis or the Nux, then it will be well to give 2 gr. of the sulpho-carbolate of zinc or a little glycerine and rose water. Sometimes there is dilation that will be manifested by the putrid ejections and the foul gas; this can be verified by the withdrawal from the stomach of remnants of undigested food of several meals previous to the last. These cases will require the giving of small quantities of food only and a mild massage when digestion begins, while resting the body upon the right side upon a level surface.

The needle spray of cold water along the spine and the application of the faradic current along the upper cervical region and over the epigastrium or along the anterior cervical region of the neck and the epigastrium, the sponging of the entire abdomen with ice water and the drying with a crash towel followed by friction, is of great aid not only in conditions of dilation, but it also encourages movement of the bowels. Nux or strychnine or rhus tox is the indicated remedy. The old tar plaster applied and allowed to remain until vesicles form, and these treated with the mild zinc ointment (Newton).

When there is marked dryness of the tongue, and if this is slightly yellow in the center or at the base, podophyllin and leptandrin must be given in small and frequent doses; it will then require but a short time until the tongue becomes moist and clear. It must be remembered that in most cases of catarrh of the stomach the HCL is diminished. Aconite should be given when there is fever, and be carried to the point of diaphoresis; ipecac in small doses when the gastric secretion is diminished and when there is pain in the upper bowel. When convalescence begins the bitter tonics of colombo and gentian are of great value.

One of the worst cases I ever had was rapidly cured after resisting treatment of many doctors for over two years by the patient's misunderstanding directions and his swallowing suppositories made of hydrastine 1 gr., bella donna aqueous extract $\frac{1}{4}$ gr., tannic acid 2 gr., and cocoa butter one drachm, one night and morning. I have since

used a similar compound very successfully made for a path in the opposite direction.

I have used the following gun shot mixture very often when there was marked nervousness and inability to sleep, the distress often seen in chronic alcoholics: 2 drachms of chloral hydrate, 2 drachms of bromide of soda, 1 drachm of valerian, 15 gr. of carbonate of ammonia, 2 drachms of tr. cinchonæ co., 1 drachm tr. hydrastis with water sufficient to make 6 ounces, a tablespoonful upon retiring, and if sleep not procured, another dose in an hour, to be followed the next day with teaspoonful doses every 4 hours; the large dose to be given the following night. This mixture is one of the best in cases of prolonged sprees; it cuts them short and oft-times destroys the taste for alcoholics for a time.

Hygienic measures are beneficial, fresh air, moderate exercise, horse-back riding, boating, or the bucksawing of wood, but not to the point of fatigue, skipping the hope, or the pushing of a smoother-plane sea voyages and travel is excellent. Visiting and drinking of the mineral springs, the Bedford spring in Pennsylvania for the anemic and chlorotic, the Saratoga Carlsbad and Kissinger for those that are suffering from constipation, and thus to avoid the necessity of frequent purgation (which is one of the causes of the disease) will reap great benefits. The high, dry climate does well for those suffering from pulmonary troubles, and the coast with a moist atmosphere or the lower altitudes for cardiac troubles. The change of scenery and formation of new acquaintances oft-times removes the care and the worry of the patient, for whom little medicine will be required.

New York City.

Items from the Field of Neurology.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

In the Russky Vratch of November 7th, Melnskoff claims that the removal of the thyroid gland leads to myxœdema, while the removal of the parathyroid gland in its entirety leads to tetany and death. According to the same writer the function of the parathyroid gland is antitoxic and regulating the general metabolism.

J. C. Newman reports a case of exophthalmic goites (Loucen) which was benefited very much by X-ray treatment. A few reports have come in lately about the wonderful results obtained in plain goitre with thyroid tablets.

Diekman (in Motats. f. Geb. u. Gyn.) reports three cases of chorea gravidarum, two proving fatal. The remaining case occurred in a urispara aged 23 years, who suffered from chorea in childhood. The symptoms came on about the 8th month, delivery was spontaneous

at term and the tremors ceased about a day later. The second case was of a different type; chorea first appeared in pregnancy and recurred in subsequent pregnancies; the patient was 27 years old. The chorea first appeared in the second half of the patient's first pregnancy, lasting about a month. It ceased spontaneously and labor was normal. Chorea recurred in the sixth month of the second pregnancy. Premature delivery on the 8th month. In the third pregnancy chorea came on suddenly; in the 7th month, in a very acute form. Deglutition was difficult and exhaustion from insomnia. 'Vaginal section was performed, child delivered, yet the chorea grew very much worse. There were violent fœtitations, bronchopneumonia and endocarditis. The patient died at the end of fortnight. The third case was 23 years of age, with a good history. Chorea set in at the end of pregnancy and was complicated with endocarditis. Death came suddenly during delivery.

The seventh (1911) edition of Church and Peterson's *Nervous and Mental Diseases* has been placed before us by the publishers. The edition has been revised, new matter added; the text is clear, brief and thorough in every way. The general practitioners as well as the medical student will find this a useful volume.

In the maniac who sees red mostly, or in delirium, with protruding eyes and dilated pupils, with fits of laughter, continual sputtering, cannot stand any noise, give specific belladonna. The delirium calling for specific belladonna is always active and the face is livid.

In furious, destructive delirium, with continuous talking, the face bloated and red, in chronic and puerperal anemia, in the muttering delirium, the patient sees everything in black, in the deliriums of typhoids, scarlet fever, give specific stramonium.

L. Hasxowee in *Revue Neurologique* cites a case of Dercum's disease in a woman 62 years of age without hereditary stigmata. The disease developed at the menopause was characterized by pain and disturbances of general sensation, crises of weakness, disturbances of the sympathetic system, transitory edemas, a diffuse hyperplasia of the subcutaneous fatty tissue, some disturbances of motion and an enlarged thyroid gland.

Dercum's disease can be classified among the edemas of nervous origin, yet it seems to be a morbid entity. Antointoxications caused by functional lesions of the thyroid gland, the genital glands play an important part.

A century ago paralytic dementia was rare; now it is seen frequently at clinics, asylums, as well as in private practise. Why? The disease is still rare in Asia and Africa. Why? It must stand to reason that our mode of living, our high (boasted of) civilization, helps to produce it. Syphilis is only a secondary consideration in the production of paralytic dementia.

Those who have for a long time indulged freely in alcohol may develop a condition simulating paresis. These patients are very selfish, at times become bestial, may show feeble judgment, defective or a blank memory and a gradual but steady loss of moral sense. They never, however, present the physical signs, or typical symptoms of true paresis.

The occasional hearing of a voice is sometimes the only symptom of insanity noticeable in a patient. They may be able to recognize it as a hallucination and disregard the importance of it as long as they are in good health, but if this fails the "voice" taxes the mastery and may drive them to suicide or homicide.

Deafness and symptoms referable to the auditory work may be among the unexpected and early signs of locomotor ataxia. It is preceded by ringing in the ears and sometimes by attacks of vertigo or by a sensation of swimming.

The fifth nerve conveys the sensation of taste, yet this is not affected in any way in disgeminal neuralgia. Curious, is it not? Still it is quite possible that the taste fibers are independent of those of the fifth nerve proper.

Suicide will occur now and then in motor hysterical and hysterical mental affections, and in many instances the attempt is made for theatrical effect or to excite sympathy.

70 Rogers Ave., Brooklyn.

The Late Dr. Frank P. Foster, of New York City.

In his "Reference Book of Practical Therapeutics" compiled by our old friend, the late Frank P. Foster, A.M., M.D., we note the following: "Antikamnia Tablets have been much used and with very favorable results in neuralgia, influenza and various nervous disorders. As an analgesic they are characterized by promptness of action, with the advantage also of being free from any depressing effect on the heart. As an anti-pyretic they act rather more slowly than antipyrine, but efficiently."

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

Pneumonia.

There is perhaps no disease in which specific diagnosis and specific medication give more satisfactory results than in pneumonia. Pneumonia is a disease comprising a number of abnormalities, and one in which the patient must be treated regardless of the name of the disease. Routine treatment will not here prove effective, even in a small minority of cases, for no two cases of pneumonia are likely to present similar indications for remedies. Each case is, therefore, a separate and distinct departure from health, and must be treated as such, if we are to secure a fair degree of success in its treatment. When once established, pneumonia cannot (as claimed by some writers) be aborted. Congestion of the lungs and pneumonia are absolutely different wrongs of life. Congestion may be controlled, and, possibly, pneumonia prevented, but pneumonia aborted never.

It is a fact established beyond the possibility of a doubt that Eclectic practitioners have unusual success in the treatment of pneumonia, and that their mortality record is much below that of any other class of practitioners of medicine. This most gratifying success is owing to a knowledge of specific diagnosis and specific medication which enables them to prescribe their remedies with a certainty unknown to the followers of any other system of practice.

The medicinal preparations employed by Eclectics are the best obtainable, and their specific medicines are prepared with a high degree of skill and in accordance with the most modern methods. The number used is ample, and includes aconite, in very small doses, when the pulse is small and frequent (if the heart is feeble add cactus); aselepias (5 to 10 drops in hot water) when there is dryness of the skin and a tight hard cough; belladonna, when the patient is inclined to doze or sleep most of the time, the eyes dull and pupils dilated; bryonia, when there is a hard and vibratile pulse, and when there is sharp and lancinating pain, with flushing of the cheek, and there is a hard harassing cough (especially valuable when the pleura is involved); baptisia, when the tongue is full and purplish in color; jaborandi, when there is a high temperature, great excitement of the nervous system, and a dry hot skin; kali muriate, when there is a hard, harsh and hacking cough; ipecac, when there is great irritation of the mucous surfaces; gelsemium, when the face

is flushed, eyes unnaturally bright and pupils contracted; hydrochloric acid, when the tongue is dry and brown, with redness of mucous membranes; echinacea, when the tongue is full and of a dusky hue and the mucous membranes are of the same dusky color; ferrun phos., when the pulse is feeble, compressible and quick, with capillary congestion; rhus tox., when there is irritation of the cerebro-spinal centers, with a sharp stroke of the pulse; quinine, when there is a moist tongue and marked periodicity; sulphite of sodium, when the tongue has a moist, dirty coating; veratrum, when there is a full, free and bounding pulse.

All of the above-named drugs are thoroughly studied, and their specific indications and doses given in *Fyfe's Specific Diagnosis and Medication*.

As a local application the compound powder of lobelia is employed with much benefit. If there is severe pain, libradol may be substituted for the powder with advantage.

"The Opinion (Not the Drug) Is Worthless."

Under the above caption the following editorial from the always skilful pen of Prof. John Uri Lloyd, ably discussing a subject of vital interest to the medical profession, appeared in the November issue of the *Eclectic Medical Journal*:

"Just now the pharmaceutical and the medical professions of America are undergoing a revolution in the line of ideals, ideas, opinions, authorities—and other what-nots, that either wedge in from the outside, or rise up from within. Men not in the least concerned in pharmacy, at least men not very proficient in practical pharmacy, freely ventilate their opinions in directions where those fairly qualified, by a lifetime of experience, hesitate to intrude. Men without any education in the direction of practical medicine presume to discredit physicians who have given lifetimes of conscientious study in the direction of disease diagnosis and disease cures. Comes, now and then, one who even asserts that all physicians are needless, and that humanity thrives best without a doctor. From the opposite, *ultra-scientific* direction, comes, next, a not less nihilistic personage who asserts that 'because a physician who practices medicine *clinically* may not be able to demonstrate the manner of operation of the remedies he employs by means of test-tube or other laboratory apparatus, he is incompetent to judge of the therapeutic action of his remedies, and need not, therefore, be considered competent to prescribe for a disease. Turning in other directions, we meet very dogmatic parties, who have never practiced either pharmacy or medicine, who have no clinical experience, whose knowledge of therapy, and of remedial action as well, is based upon the reading of books far separated from pharmacy or medicine, but who yet are

accepted, by some persons, as great "authorities." In still other directions we see the men who stand over a dumb creature afflicted (or undisturbed) by something injected into its veins. These observers, likewise, we find not at present disposed to resist the implication that they are to be considered as the only 'authority' on medication in disease of the human family.

"Having considered the problem from these and other viewpoints, and having given to each his share of credit, for, notwithstanding the many fallacies, all have some good points, the question arises, who in the end will stand the test, when time in its crucible shall fry out fact from fiction?

"Turn now to the heading of this editorial. Then read the article of Dr. Solomon Solis Cohen in the *New York Medical Journal*, May 7, 1910, in which occurs the following passage:

"'Whose opinion as to the value of drugs is to rule the convention (Pharmacopeial) and the Committee of Revision? Is it to be Osler's opinion? Is it to be my opinion? Is it to be the opinion of any one here present? Is it to be the opinion of any one of the thousands of physicians not here present? Or is it to be the opinion of all physicians together?'

"Dr. Cohen is exceptionally fair to all interests that converge in the direction of balanced pharmacy and balanced medication. This we know, and we admire him not the less by reason of our knowledge of the fact that he earnestly resists one phase of the problem in which we sincerely believe, namely, the necessity of sects (*sections*) in medicine. As we review sentences connected with that above quoted, in the journal cited, we note how earnestly, but yet how discreetly, he bespeaks the value of balanced pharmacological research, and how candidly he denies that this class of persons should be considered as 'authorities,' in directions where they are not qualified. Dr. Cohen first asks the question, a broad one, too:

"'Whose opinion as to the value of drugs is to rule the convention (Pharmacopeial), and the Committee of Revision?'

"This he answers, as concerns laboratory people, as follows:

"'Surely it is not to be the opinion of those pharmacologists whose experience has been confined to the laboratory and to healthy animals? The value of pharmacological research is indisputable. It is of great weight, but it is not 'conclusive.'

"Comes next the unexpected, where the doctor unites his efforts with the practicing physician who knows how to accomplish a clinical object, taking as an example the physiologically 'discredited by (vivisection) authority' drug, *cactus*. Listen to what Dr. Cohen says in this direction:

"'Thus, the *Journal of the American Medical Association* has published several articles to prove that *cactus* is pharmacologically

inert; and some of them strongly imply that physicians who report good results from its use are unworthy of credence. Nevertheless, I am neither afraid nor ashamed to appear in such excellent company as that of Dr. Roland G. Curtin, of Philadelphia, in support of the high clinical value of cactus, when a good preparation is properly used, in suitable cases.'

"But in it all, the 'milk in the cocoanut' lies in what follows. For here, the doctor calls attention to the fact that a preparation, to be serviceable, must be properly used; that the case must be suitable, and that the remedy must be unimpeachable. These three axioms, that have been the sum and substance of Eclectic crusades for generations, are tersely, and *happily*, put by him, as follows:

"'Here is the point—a *good* preparation, *properly* used, in *suitable* cases. One who has not used a good preparation of a drug under discussion; or has not used it properly; or has prescribed it in a case for which it is not suitable; or one who has never used it clinically at all, is not in position to dogmatize as to its value. He may properly criticize, suggest, demand evidence. But he cannot properly condemn in the face of competent evidence in its favor; and it is the opinion, and not the drug, that in such a case is to be **considered** worthless—or at least needs to have its 'value established.'

"The selection of the remedy he is discussing in the above quotation (cactus), illustrates strongly Dr. Cohen's independence in the face of recognized 'authority,' which, in this instance, he does not accept as conclusive authority. The drug named is one in which the Eclectic physicians have every confidence, although it will not, as a *primary* test, kill a dog, nor is it in the least destructive to the life of a healthy creature. Dr. Cohen's championship of its value, in the face of adverse animal experimentation, is therefore unexpectedly refreshing.

"In our opinion, a statement from Dr. Cohen concerning the effect that emanates from a remedy that he knows how to handle in a disease that he has properly diagnosed, with a preparation that is unquestionably authentic, will unquestionably bear more weight with the profession at large, than the sum total of the statements of parties of little faith, occupied with laboratory work, far removed from the diseases under discussion, intent though they be in observing the primary action of drugs, in cases that do not parallel disease conditions of the human being.

"And yet, while Dr. Cohen thus highly commends the value of cactus in the hands of qualified physicians, and bespeaks its efficacy in relieving the patients to whom it is properly administered, we believe he will not deny that the vivisectionists (sometimes called "*pharmacologists*") should be credited with what they have proven. They have

demonstrated that cactus has not, under their experimentations, killed a well dog, paralyzed the heart of a live frog, or unduly affected the heart of a normal rabbit, and for this, and this only, they should be fully credited."

Action of Lycopus.

Lycopus grows in favor as we appreciate its powers and recognize indications for its use. Gross says that in hemeoptysis it is so positive in its action that he seldom used any other remedy. Lycopus has—to my mind—a peculiar action of its own. Illustrated in pulmonary tissue control. As elastic tissue rules in lung parenchyma, where muscular tissue is relatively wanting, and the pulmonary blood carriers, are not supplied with vasomotor nerves, a drug that will practically control lung hemorrhage, the thoughtful practitioner will consider his therapy repertory incomplete without it; for we have no known agent that will control tissue leakage of the pulmonary character. Serums have proved of little or no value, and so on through the list of past and present hopes. Lycopus's action in the picture presented, in short, comes by regulating the heart's work. Equalizing, or in decreasing the circulation in the lung, a sedative or hypotensor, and a lycopus astringent influence action over elastic tissue and the capillary circulation, diminishing the caliber of the blood carriers, thus relieving the force from behind, and thereby reducing the flow of blood from tissue leakage.

A. WALDO FORBUSH, M. D.

Must Believe.

When one sees a child with membrane covering the tonsils and uvula, profuse sanious discharge from the nose, spots of ecchymosis on the body and extremities, cold, clammy hands and feet, a feeble pulse, and there is the nauseous odor of diphtheria, and finds that after the administration of 10,000 units of antitoxin, in two doses, the condition of the patient is improved slightly; that after 10,000 units more have been given there is a marked abatement in the severity of the symptoms; that when an additional 10,000 units have been administered the patient is apparently out of danger, and eventually recovers, one *must believe* in the curative power of antitoxin.

J. H. MCCALLOM, M.D.

Echafolta in Septic Conditions.

I use echafolta (echinacea) internally to overcome septic conditions, as in boils, carbuncles, septicemia, puerperal fever, typhoid fever, diphtheria and scarlet fever. Externally I use it in boils, carbuncles, lacerated wounds, etc.

LORENZO ROUNDS, M.D.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Washington, D. C., in June, 1912. A. F. Stephens, M.D., president; W. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1912. T. D. Adlerman, M.D., president; E. H. King, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. C. Lloyd, M.D., president; H. Harris, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. John Birkenhauer, M.D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M.D., president; A. B. Wolf, M.D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M.D., secretary.

Selections

Words of Appreciation.

The following letter, relating to the treatment of opium and other addictions, will interest many. It is addressed to our old friend, The Antiamnia Chemical Company, and reads:

"Gentlemen:—Illness, dating from the very day of my former letter, must be my plea for my silence and my seeming indifference to your courtesy, and your exceptional kindness in sending me your little 'Vest-Pocket-Box.' I want you to feel that I sincerely appreciate your goodness in this little matter. I am in charge of The Woolley Sanatorium, Atlanta, Ga., an institution conducted exclusively for the cure of opium and other drug addictions, and am using Antikamnia Tablets extensively after withdrawing morphia, and I am free to say that I do, in reality, regard your product as 'A Succedaneum for Morphia.'

"Our Institution is probably the largest of its kind in the South, and if my views should prove of value to you at any time, command me."

MARION T. DAVIS, M.D.

The Avoidance of Pneumonia Sequelæ.

The best means of avoiding pneumonia sequelæ lies in the administration of truly strengthening products, of which Cord. Ext. Ol. Morrhue Comp. (Hagee) is a splendid example. Its employment insures a richer blood stream, charging the tissues with reconstructive elements that are lacking as a result of the serious inroads made by the

primary disease. With this enhancement of bodily vigor, the index of resistance becomes higher and sequelæ are successfully combated.

Cord. Ext. Ol. Morrhuæ Comp. (Hagee) may be profitably employed as a routine reconstructive after pneumonia, there being no more definite indications for its use than in the convalescence following acute lung and bronchial disorders.

What Is the Matter With the Profession?

Only that we are evolving out of the past toward the future. I, for one, do not see any real progress in the editor's scheme of a "doctor limiting himself to take care of 500 persons, each of whom pays him a stated sum monthly." I believe any such plan is impracticable.

This scheme of hiring doctors by salary is now being tried out in Germany, in the "krankenkassen" companies, and it does not work satisfactorily, either to the physician or the public. The Leipsic League, in a circular issued last year, showed up the unsatisfactory condition into which it has brought, and is bringing, the medical profession in Germany. Physicians over there are crowded in the cities far worse than here, and starving, while quackery is flourishing everywhere. In many cities of Germany there are as many irregular practitioners as there are regulars. In the country districts the mothers are dying from puerperal sepsis for want of medical attendance.

In 1906 Prussia had a mortality from this preventable disease of 3,722—twice the mortality per million inhabitants that we have in Minnesota! (*Journal of the American Medical Association*, Dec. 12, 1908, p. 2070). The profession in Austria and France and in the other European countries is in the same fix—overcrowded in the cities, while the country districts are without adequate medical service.

Well, what is the trouble, then? *An impracticable medical educational program!*

Dr. John B. Murphy called attention to this matter in his presidential address at Los Angeles (*Journal of the American Medical Association*, July 1, 1911). Dr. Murphy is the first man of prominence that has had courage enough to put his finger on the sore spot of the dry-rot in medicine. Listen!

"In order to meet the educational requirement for matriculation in the modern medical school, the young man is forced to keep his face in the folds of books from his infancy. He has had no opportunity to think; he has not been taught to think; he is a book-stuffed, machine-made, non-thinking automaton, albeit a fit and acceptable applicant according to present requirements, from which a medical school is *supposed* to make a thinking medical man. What marvelous powers a medical school must possess! How is it possible? What changes should be instituted in the evolution of the medical embryo?"

Of course, when we think about it, we all know that Dr. Murphy

has hit the nail on the head. Our medical curriculums today in our best schools are training men to be professors, original investigators or special technicians in a hospital, but not to be general practitioners. These high-grade graduates know all about the abstract sciences, have the university method and the hospital technic at their fingers' ends—but as for relieving Johnnie of his choke-cherry colic, they're helpless, or as for doing a major obstetrical operation at a farm house, without trained nurses and assistants—why, they know it “can't be done.”

Dr. Murphy says the profession is not overcrowded. Of course, not, except in the mind of some ultrascientific university professor. He says what the *patient* needs is relief of his symptoms, and if physicians would attempt to provide this, every doctor in this great land would be overworked. Here, you therapeutic nihilists, put that in your pipes and smoke it!

If our medical faculties would bend their energies to devise a proper medical curriculum, preliminary and medical, which would make practical physicians who could and would help ordinary people in times of disease and suffering, instead of as at present, trying to make “scientists,” then the main troubles of the medical profession—professional and economic—would be solved.

Space forbids my enlarging on this subject. But Dr. Murphy has opened the path in the right direction, and now the rank and file must follow.

Willmor, Minn.

CHRISTIAN JOHNSON.

Poisons Do Not Affect Different Animals Alike.

A short time ago we were told by Dr. Kaupp, pathologist of the Colorado State Experiment Station, that chickens have a peculiar tolerance for strychnine. It is not uncommon to give to an ordinary fowl 1 grain of this substance at a single dose, while $\frac{1}{4}$ grain is the average remedial dose. On the other hand, strychnine acts almost as quickly as hydrocyanic acid on the cat, and, as everybody knows, is one of the most rapid and efficient poisons for the dog. Morphine, on the contrary, produces almost no effect on the dog, and our associate, Dr. Palmer, has given as high as 25 grains to one of average weight without causing death. Horses are quite susceptible to morphine, but, instead of sedating them, it acts as an excitant. It is pretty hard to deduce from these results the action of the drugs upon the human being.

Book Reviews

Special Western Number. In furthering the plan of producing special issues of the *American Journal of Surgery*, composed of contributions by surgeons residing within a certain geographical area, yet of international reputation there will be issued in the early part of 1912 a SPECIAL WESTERN NUMBER of this magazine.

SUBJECTS AND THOSE TO CONTRIBUTE:

The Operation of Gastroenterostomy, by William J. Mayo, Rochester, Minn.

The Surgery of Tendons, by John B. Murphy, Chicago, Ill.

Operative Treatment for Graves Disease, by George W. Crile, Cleveland, Ohio.

Colonic Intoxication, by J. E. Binney, Kansas City, Mo.

Practical Points in the Surgical Treatment of Exophthalmic Goitre, by A. J. Ochsner, Chicago, Ill.

Treatment of Foreign Bodies in the Esophagus, by E. Fletcher Ingals, Chicago, Ill.

Brain Surgery Technique, by J. Rilus Eastman, Indianapolis, Ind.

Treatment of Abscesses and of the Necrotic Foci Resulting from the Use of Salvarsan, by A. Ravolgi, Cincinnati, Ohio.

Treatment of Prostatic Obstructions, by E. O. Smith, Cincinnati, Ohio.

Subject not announced, H. Tuholske, St. Louis, Mo.

Artificial Tendons and Ligaments in the Surgical Treatment of Paralysis, by Nathaniel Allison, St. Louis, Mo.

Uterine Cancer, by John C. Murphy, St. Louis, Mo.

Arthritis Deformans, by Leonard W. Ely, Denver, Colo.

Acute Angulation and Flexure of the Sigmoid, as a Causative Factor in Epilepsy, with special Reference to Treatment, by W. H. Ax-tell, Bellingham, Wash.

The character of contributions prepared by these well-known surgeons are of such a nature as to make this number particularly interesting.

The Physicians' Visiting List. (Lindsay & Blakeston), for 1912, 61st year of its publication, Philadelphia.

P. BLAKESTON'S SON & CO.,

Publishers.

This is perhaps the handiest, most convenient and compact visiting list presented to the profession.

For sixty-one years it has been published, each year revised and improved.

Items

The compliments of the season to all.

Dr. George W. Winterburn died at the New York Hospital November 18 at the age of 66. His death was attributed to apoplexy. He was a contributor to many medical magazines.

The annual meeting of the New York Specific Medication Club was held in the College Parlors, Thursday evening, November 9, 1911. There was a good attendance of the members. The election of officers for the ensuing year took place and resulted as follows: M. B. Pearlstien, M.D., president; John Birkenhauer, M.D., secretary-treasurer. The officers were installed by Dr. Hardy.

How does the fifty-dollar State Society prize look to you?

THE REVIEW for 1912 will be an improvement on the present volume. The editors will continue their policy of presenting short, terse articles to the family.

The Dispensary Staff holds its meetings every Wednesday afternoon. If you have any interesting and instructive cases, bring them in for the benefit of students and staff.

Robert A. Kunitzer, M.D., visiting physician at the Sydenham Hospital, has accepted the chair of clinical medicine in the Eclectic Medical College of the City of New York, and will begin his course of lectures early in January.

Read the advertisements. Correspond with the advertisers.

ANTIDIPHThERIC SERUM AND GLOBULINS.

In their current announcements to the medical profession it is noted that Parke, Davis & Co. give equal prominence to their antidiphtheric serum, which they have produced unchanged for many years, and the newer "globulins," which they have been marketing for a number of seasons.

The globulins, as is perhaps known to most practitioners, is antidiphtheric serum with the non-essential portions eliminated. Compared with the normal serum it provides a corresponding number of

antitoxic units in lesser bulk, permitting in consequence a smaller dose, which probably accounts for its apparent growth in favor among physicians.

Both the natural and concentrated products, of course, bear the company's guaranty of purity and efficacy. They are evolved in the blood of healthy, vigorous horses and are prepared under the supervision of expert bacteriologists and veterinarians. The tests, bacteriological and physiological, to which they are subjected during the process of manufacture, are thorough and elaborate.

Subscription blank will be found in the advertising pages.

It does "Papa" good to see the younger generation regularly attending to their new duties. Keep up the work in the same spirit!

Have you bought a copy of Von Unruh's extracts from lectures on Therapeutics, delivered by G. W. Boskowitz. A condensed, practical little book for a dollar.

The Beachonian Society held a very successful and enjoyable "open" meeting at the college Thursday evening, December 7th. Prof. J. T. Sibley, the able orator and entertainer, struck the crowd with a few lightning bolts of appropriate selections.

President Stephens has selected Prof. John T. Sibley as organizer for New York and New England.

All aboard for the new athletic team! Our students have given new evidence of the good spirit among them by forming an athletic team that will go into the football field.

The Upjohn Company of Kalamazoo, Michigan, according to the *Cincinnati Enquirer*, is after the Wm. S. Merrill Chemical Company with a suit for over a hundred thousand dollars for infringement.

Secretary Lewi of the State Board spent a week inspecting the school.

The many friends of Dr. S. B. Munn, of Waterbury, Conn., will be pleased to learn that the epithelioma, which has given this veteran eclectic so much trouble, has been cured by Dr. Thomas S. Hodge, of Torrington, Conn. Not even a scar will remain. Dr. Hodge does not claim to be a cancer specialist, but he certainly is to be congratulated on the success of his work in this line.





